
10:00 a.m. Call to Order – Gerard Lawson, PhD, LPC, LSATP, NCC, Chairperson

- Introductions/Establishment of Quorum
- Mission of the Board/Emergency Egress Procedures Page 3

Adoption of Agenda*

Public Comment

The Board will receive public comment related to agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter

Approval of Minutes*

- July 17, 2026 Board Meeting Page 4

Officer and Staff Reports

- **Agency Director Report** – David Brown, DC, Director, Department of Health Professions (DHP)
- **Chairperson Report** – Dr. Lawson
- **Board Counsel Report** – Erin Weaver, JD, Office of the Attorney General
- **Legislative and Regulatory Report** – Erin Barrett, JD, Director of Legislative and Regulatory Affairs
 - Regulatory Chart Page 9
 - Regulatory Process Page 11
- **Executive Director's Report** – Maria Stransky, LPC, Boards of Counseling, Psychology and Social Work (BSU)
- **Discipline Report** – Jennifer Lang, Deputy Executive Director, BSU
- **Licensing Update** – Josh Boggan, LMSW, Deputy Executive Director, BSU

Regulatory Committee Report – Dr. Lawson, Regulatory Committee Chair

New Business

- 2026 Licensed Professional Counselor Workforce Report – Barbara Hodgdon, PhD, Deputy Director, Healthcare Workforce Data Center
 - Virginia's Licensed Professional Counselor Workforce: 2026 Page 12
 - Virginia's Qualified Mental Health Professional Workforce: 2026 Page 46
- Bylaws Update* - Ms. Stransky Page 74

Consideration of Recommended Decisions* - Jennifer Lang

Next Meeting:

- Board Meeting: January 15, 2027
-
-

Meeting Adjournment

*Indicates a Board Vote is required.

**Indicates these items will be discussed within closed session.

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3708(D).

DRAFT

MISSION STATEMENT

Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.

EMERGENCY EGRESS

In the event of a fire or other emergency requiring the evaluation of the building, alarms will sound. When the alarms sound, leave the room immediately. Follow any instructions given by the Security staff.

Exit the room using one of the doors at the front of the room. Upon exiting the room, turn right. Follow the corridor to the emergency exit at the end of the hall. You may also exit the room by turning right out of the side door, make an immediate left and proceed straight ahead to the emergency exit.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the back of the parking lot. Wait there for further instructions.

PRESIDING OFFICER:	Terry Tinsley, Ph.D. LPC, LMFT, CSOTP, Chairperson
BOARD MEMBERS' PRESENT:	Benjamin Allison, Citizen Member Maria Anastasiou, LMFT L. Paul Bernard, Ph.D., LPC Marlo Burdge, Citizen Member Luanne Griffin, LPC Shannon Kuschel, Ph.D., LPC Gerard Lawson, Ph.D., LPC, LSATP Charlotte Markva, LPC, LMFT, CSAC Cyrus Williams, Ph.D., LPC, LSATP
BOARD COUNSEL PRESENT:	James Rutkowski, Assistant Attorney General
BOARD STAFF PRESENT:	Maria Stransky, LPC, CSOTP, CSAC, Executive Director Jennifer Lang, Deputy Executive Director Christy Palmore, Senior Discipline and Compliance Case Specialist
DHP STAFF PRESENT:	David Brown, DC, Agency Director Matt Novak, Agency Regulatory Coordinator
CALL TO ORDER/ ESTABLISHMENT OF QUORUM:	Dr. Tinsley called the meeting to order at 10:02 a.m. With 10 members present, a quorum was established.
ADOPTION OF AGENDA:	The meeting agenda was adopted as presented.
PUBLIC COMMENT:	The Board received comment from Rebecca Kaderli, LPC, LSATP, on behalf of the Virginia Counselors Association, regarding concerns with the delayed implementation of the Counseling Compact.
APPROVAL OF MINUTES:	The Board reviewed the minutes from the quarterly board meeting held on January 16, 2026. <i>Motion:</i> Ms. Griffin made a motion to approve the minutes as presented. The motion was properly seconded and passed with a unanimous vote.
AGENCY DIRECTOR REPORT:	David Brown, DC, Agency Director, thanked the board members for their service and reminded them of their responsibility to protect the public. He emphasized that the board speaks with one voice through its regulations, guidance documents, and case decisions. Dr. Brown also provided an overview of the programs established through the \$185 million awarded to Virginia under the Rural Health Transformation Program

(RHTP). In partnership with collaborating organizations, four key initiatives were developed:

- **CareIQ** will leverage technology and data-driven solutions to modernize healthcare systems, reduce administrative burden on providers, and improve patient outcomes.
- **Homegrown Health Heroes** will strengthen the rural healthcare workforce by expanding education and training opportunities and supporting the recruitment and retention of healthcare providers.
- **Connected Care, Closer to Home** will improve access to healthcare through telehealth and mobile care services while reducing avoidable emergency department visits.
- **Live Well Together** will support healthier communities by expanding prevention initiatives and increasing access to nutritious food and wellness resources.

CHAIRPERSON REPORT:

Dr. Tinsley thanked staff for their support during his time serving on the board, and he encouraged the board to continue their work on important professional issues, such as telehealth and AI.

BOARD COUNSEL REPORT:

Mr. Rutkowski advised that he was recently promoted to the role of section chief in the health services division of the Office of the Attorney General and once a replacement is hired, he will no longer serve as the board's direct counsel. Dr. Tinsley thanked Mr. Rutkowski for his support to the board.

LEGISLATIVE/REGULATORY REPORTS:

Legislative and Regulatory Updates:

Mr. Novak provided updates on pending regulatory actions as well as legislation passed by the 2026 General Assembly.

Adoption of proposed stage regulatory action – conversion therapy

Mr. Novak reminded board members that regulatory action was previously initiated to remove redundant references to conversion therapy from the regulations, because it is now addressed in §54.1-2409.5 of the Code of Virginia.

Motion: Dr. Lester made a motion to adopt the proposed stage action as presented. The motion was properly seconded and passed unanimously.

Adoption of NOIRA for periodic reviews of Chapters 20, 50, and 60

Mr. Novak provided recommendations from the Regulatory Committee regarding the ongoing periodic review of Chapters 20, 50, and 60.

Motion: Dr. Lawson made a motion to accept the recommendation of the Regulatory Committee and adopt a NOIRA for periodic reviews of Chapters 20, 50, and 60. The motion was properly seconded and passed unanimously.

Petition for Rulemaking (Branner)

Mr. Novak presented the petition from Arthur Branner, II, requesting allowance of some experience as a QMHP to count towards LPC licensure requirements. The

board considered the petition, public comments, and the recommendation of the Regulatory Committee.

Recommendation: Deny the petition because the scopes of practice and experience between QMHPs and counseling residents are different and such a change would negatively impact public safety.

Motion: Ms. Griffin made a motion to accept the recommendation from the Regulatory Committee to deny the petition for rulemaking. The motion was properly seconded and passed unanimously.

Petition for Rulemaking (Thomas)

Mr. Novak presented the petition from Linda Thomas, requesting that CSAC experience in another jurisdiction meet the requirements to be a CSAC supervisor in Virginia. The board considered the petition, public comments, and the recommendation of the Regulatory Committee.

Recommendation: Deny the petition because there is too much variation in certification state by state to reliably endorse experience for supervision.

Motion: Dr. Lawson made a motion to accept the recommendation from the Regulatory Committee to deny the petition for rulemaking. The motion was properly seconded and passed unanimously.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Stransky reported that the Deputy Executive Director of Licensing position became vacant following Charlotte Lenart's retirement on April 30, 2026. She thanked Ms. Lenart for her dedicated service to the Board and announced that the selected candidate for the position is expected to begin in August.

Ms. Stransky also reported that a vacant Licensing Specialist position has been filled, with the selected candidate scheduled to begin employment on July 27, 2026.

Ms. Stransky expressed her appreciation to board staff for their hard work and dedication during the period of reduced staffing.

Ms. Stransky reminded board members to sign travel reimbursement forms promptly to ensure that staff has ample time to process them within the 30-day requirement.

Ms. Stransky noted that the terms of Mr. Allison and Mr. Scott expired on June 30, 2026. However, they may continue serving on the Board until they are reappointed or successors are appointed.

Ms. Stransky further noted that Dr. Tinsley's second term expired on June 30, 2026, making him ineligible for reappointment. She thanked Dr. Tinsley for his dedicated service to the Board since his initial appointment in 2011 and noted that he served in two different Board seats during his tenure, having been appointed by four Governors.

DISCIPLINE REPORT:

Ms. Lang referenced the discipline report on page 50 of the agenda packet and reported that, since January 1, 2026, the Board of Counseling has received 268 new cases and closed 200 cases, with 357 cases currently open. She further noted that the three discipline staff members are actively processing a total of 734 cases for the Boards of Counseling, Psychology, and Social Work.

Ms. Lang reported that she attended the AASCB Hangout meeting on March 27, 2026, during which it was announced that 727 Compact privileges had been issued.

LICENSING REPORT:

Ms. Stransky reported that licensing staff is processing applications as quickly as possible.

UNFINISHED BUSINESS:**Updates to Policy Documents**

The Board reviewed submissions from training programs for

- BHT/BHT-A training from Rappahannock Community College,
- QMHP/QMHP-T training from Premier Mental Health Services,
- QMHP/QMHP-T revised training from Relias, and
- Supervisor training from Northern Neck Behavioral Health

Motion: Dr. Kuschel made a motion to approve the programs as presented and amend the policy documents. The motion was properly seconded and passed unanimously.

Ms. Stransky advised the Board that staff have received numerous inquiries regarding QMHP supervisor training. She stated that the topic will be added to the agenda of the next Regulatory Committee meeting for further discussion.

NEW BUSINESS:**Counseling Regulatory Boards Annual Summit**

Dr. Williams provided a report on the 2026 Counseling Regulatory Boards Summit, hosted by the National Board for Certified Counselors (NBCC) and the Center for Credentialing & Education (CCE), held on June 23-25, 2026,

Election of an Alternate Compact Commissioner

Motion: Ms. Griffin made a motion to nominate Maria Stransky to serve as the Alternate Compact Commissioner. The motion was properly seconded and passed unanimously.

Election of Board Officers

Motion: Dr. Lawson volunteered to fill the position of Chairperson. The motion was properly seconded and passed unanimously.

Motion: Dr. Williams volunteered to fill the position of Vice-Chairperson. The motion was properly seconded and passed unanimously.

Ms. Stransky discussed the possibility of moving Board officer elections to either the last meeting of the calendar year or the first meeting of the following calendar year to allow additional time for Board member appointments to be made. She noted that proposed amendments to the Bylaws will be presented at the next Board meeting for the Board's consideration.

**RECOMMENDED DECISIONS
AND CONSENT ORDER:**

Closed Meeting: Mr. Allison moved that the Board of Counseling convene in a closed meeting pursuant to § 2.2-3711(A)(27) of the *Code of Virginia* to consider agency subordinate recommendations in the matters of Nabila White, Michael Brown, and Shameka Harris, and a Consent Order in the matter of Richard Davis. He further moved that James Rutkowski, Maria Stransky, and Jennifer Lang attend the closed meeting because their presence was deemed necessary and would aid the board in its deliberations. The motion was seconded and passed unanimously.

Reconvene: Mr. Allison moved to certify that, pursuant to § 2.2-3712 of the *Code of Virginia*, the Board of Counseling heard, discussed, or considered only those public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as identified in the original motion.

Cases:

Nabila White, LPC, LSATP

Ms. White did not appear at the meeting but provided a written statement for the Board's review.

Shameka Harris, CSAC

Ms. Harris did not appear at the meeting and did not provide a written statement.

Motion: Mr. Lester made a motion to approve the recommendations of Nabila White and Shameka Harris as amended. The motion was seconded and passed unanimously.

Michael Brown, LPC

Mr. Brown did not appear at the meeting and did not provide a written statement.

Richard Davis, LPC

The Board considered entry of a Consent Order for reinstatement.

Motion: Dr. Lawson made a motion to approve the recommended decision of Michael Brown and the Consent Order of Richard Davis, as presented. The motion was seconded and passed unanimously.

NEXT MEETING DATE:

The next full Board meeting is scheduled for October 9, 2026.

ADJOURNMENT:

Dr. Tinsley adjourned the meeting at 12:00 p.m.

Board of Counseling
Current Regulatory Actions
As of September 28, 2026

In the Governor's Office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC115-90	Final	New chapter for licensure	5/14/2025	168 days	Implementation pursuant to 2020 General Assembly.
18VAC115-20	Proposed	Implementation of the Counseling Compact	2/7/2025	53 days	Replaces emergency regulations
18VAC115-20	NOIRA	Implementation of 2026 periodic review for chapters 20, 50, and 60	8/12/2026	19 days	Implements provisions from the 2026 periodic review
18VAC115-20	Proposed	Requirement for supervisors to submit evaluations and confirm resident hours within a set timeframe	8/7/2025	19 days	Result of a petition for rulemaking

In the Secretary's Office

None.

At the Department of Planning and Budget

None.

At the Office of the Attorney General

VAC	Stage	Subject matter	Submitted from agency	Time in current location	Notes
18VAC115-20	Proposed	Removal of redundant provisions related to	7/28/2026	Review completed	Creates a reinstatement pathway for QMHP-trainees

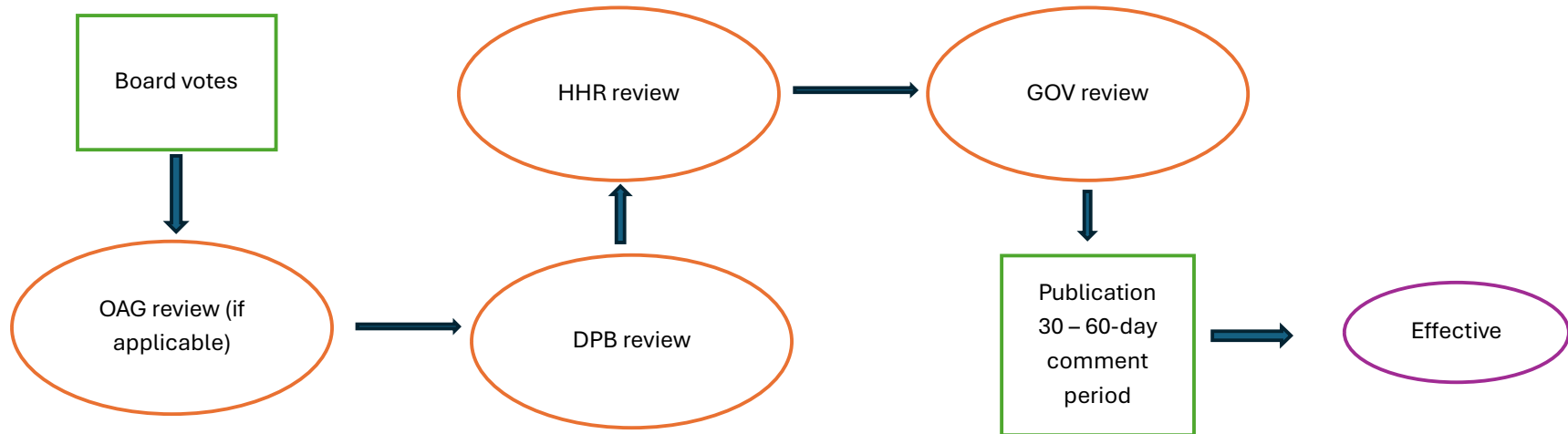
		conversion therapy			following switch to annual renewal
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Recently effective or awaiting publication

VAC	Stage	Subject Matter	Publication date	Effective date/ next steps
18VAC115-20	Fast-Track	Creation of reinstatement pathway for QMHP-trainees	10/19/2026	12/3/2026

Regulatory Process

Standard rulemaking and fast-track



*Standard rulemaking includes three steps: notice of intended regulatory action (“NOIRA”), proposed stage, and final stage. Fast-track rulemaking includes one step.

Exempt regulations



DRAFT

Virginia's Licensed Professional Counselor Workforce: 2026

Healthcare Workforce Data Center

August 2026

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4434 (fax)
E-mail: HWDC@dhp.virginia.gov

Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

<http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

In total, 10,695 Licensed Professional Counselors voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Counseling express our sincerest appreciation for their ongoing cooperation.

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD
Director

Barbara Hodgdon, PhD
Deputy Director

Rajana Siva, MBA
Data Analyst

Christopher Coyle, BA
Research Assistant

Virginia Board of Counseling

Chair

Terry R. Tinsley, PhD, LPC, LMFT, CSOTP
Gainesville

Vice-Chair

Gerard Lawson, PhD, LPC, LSATP, NCC
Salem

Members

Benjamin Allison
Forest

Maria Anastasiou, LMFT
Woodbridge

Lester Paul Bernard, PhD, LPC
Lynchburg

Marlo Burdge
Richmond

Nakeisha Gordon, LPC
Richmond

Luanne Griffin, LPC
Alexandria

Shannon Kuschel, PhD, LPC
Suffolk

Charlotte Markva, LPN, LMFT, CSAC
North Chesterfield

Matthew Scott, LMFT
Lynchburg

Cyrus Williams, PhD, LPC, LSATP
Virginia Beach

Executive Director

Maria Stransky, LPC, CSAC, CSOTP

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The Licensed Professional Counselor Workforce At a Glance:

The Workforce

Licensees:	12,268
Virginia's Workforce:	9,444
FTEs:	7,344

Background

Rural Childhood:	30%
HS Degree in VA:	52%
Prof. Degree in VA:	64%

Current Employment

Employed in Prof.:	96%
Hold 1 Full-Time Job:	52%
Satisfied?:	96%

Survey Response Rate

All Licensees:	87%
Renewing Practitioners:	96%

Education

Masters:	89%
Doctorate:	11%

Job Turnover

Switched Jobs:	6%
Employed Over 2 Yrs.:	71%

Demographics

Female:	84%
Diversity Index:	49%
Median Age:	46

Finances

Median Income: \$80k-\$90k
Health Insurance: 58%
Under 40 w/ Ed. Debt: 68%

Time Allocation

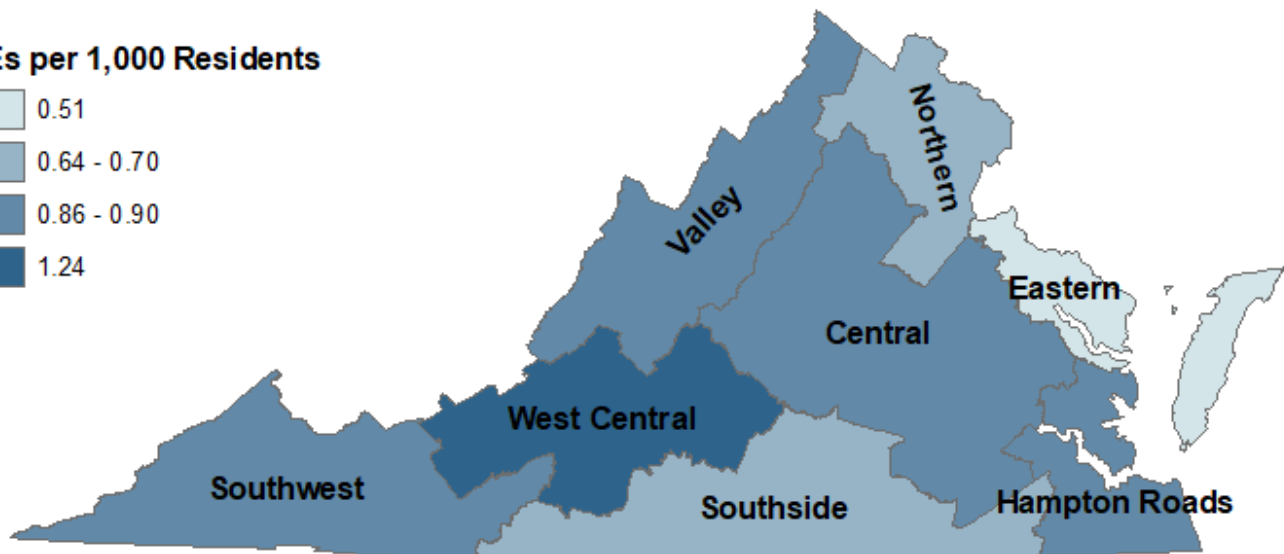
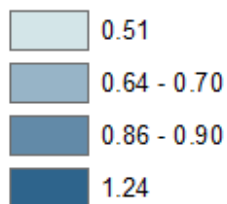
Patient Care:	70%-79%
Administration:	10%-19%
Patient Care Role:	66%

Source: Va. Healthcare Workforce Data Center

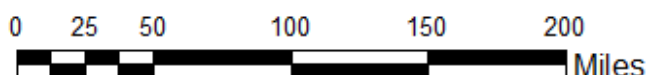
Full-Time Equivalency Units Provided by Licensed Professional Counselors per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2024
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2026 Licensed Professional Counselor (LPC) Workforce Survey. In total, 10,695 LPCs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every June for LPCs. These survey respondents represent 87% of the 12,268 LPCs who are licensed in the state and 96% of renewing practitioners.

The HWDC estimates that 9,444 LPCs participated in Virginia's workforce during the survey period, which is defined as those LPCs who worked at least a portion of the year in the state or who live in the state and intend to work as an LPC at some point in the future. Over the past year, Virginia's LPC workforce provided 7,344 "full-time equivalency units," which the HWDC defines as working 2,000 hours per year.

In total, 84% of all LPCs are female, and the median age of this workforce is 46. In a random encounter between two LPCs, there is a 49% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 51% for those LPCs who are under the age of 40. For Virginia's overall population, the comparable diversity index is 60%. Three out of every ten LPCs grew up in a rural area, and 22% of LPCs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 9% of all LPCs work in a non-metro area of the state.

Among all LPCs, 96% are currently employed in the profession, 52% hold one full-time job, and 38% work between 40 and 49 hours per week. More than four out of every five LPCs work in the private sector, including 69% who work in the for-profit sector. The median annual income of Virginia's LPC workforce is between \$80,000 and \$90,000, and 51% of LPCs receive this income as a salary. In addition, 71% of wage and salaried LPCs receive at least one employer-sponsored benefit, including 58% who have access to health insurance. Among all LPCs, 96% indicated that they are satisfied with their current work situation, including 69% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2016 LPC workforce. The number of licensed LPCs in Virginia has increased by 168% (12,268 vs. 4,575). In addition, the size of Virginia's LPC workforce has increased by 138% (9,444 vs. 3,973), and the number of FTEs provided by this workforce has increased by 116% (7,344 vs. 3,404). Virginia's renewing LPCs are more likely to respond to this survey (96% vs. 94%).

The percentage of all LPCs who are female has increased (84% vs. 79%), while the median age of this workforce has declined (46 vs. 51). The diversity index of Virginia's LPC workforce has increased (49% vs. 30%), and this is also the case among LPCs who are under the age of 40 (51% vs. 38%). Although the percentage of LPCs who grew up in a rural area has not changed (30%), LPCs who grew up in a rural area are slightly more likely to work in a non-metro area of Virginia (22% vs 21%). However, the overall percentage of LPCs who work in a non-metro area of the state has declined (9% vs. 10%). LPCs are more likely to hold a master's degree (89% vs. 85%) than a doctorate degree (11% vs. 15%) as their highest professional degree. In addition, LPCs are also more likely to carry education debt (51% vs. 39%), and the median outstanding balance among those LPCs with education debt has increased (\$90k-\$100k vs. \$50k-\$60k).

LPCs are more likely to be employed in the profession (96% vs. 93%). At the same time, LPCs are relatively more likely to hold two or more positions simultaneously (30% vs. 25%) than one full-time job (52% vs. 53%). In addition, LPCs are relatively more likely to work less than 30 hours per week (24% vs. 19%) than between 40 and 49 hours per week (38% vs. 44%). Virginia's LPCs are more likely to work in the for-profit sector (69% vs. 54%) than in either the non-profit sector (13% vs. 19%) or a state/local government (15% vs. 24%). The median annual income of Virginia's LPC workforce has increased (\$80k-\$90k vs. \$50k-\$60k), and LPCs are relatively more likely to receive this income as business/practice income (24% vs. 20%) than as a salary (51% vs. 58%). At the same time, wage and salaried LPCs are slightly less likely to receive at least one employer-sponsored benefit (71% vs. 72%), including those LPCs who have access to health insurance (58% vs. 60%). Although the percentage of LPCs who indicated that they are satisfied with their current work situation has not changed (96%), the percentage who indicated that they are "very satisfied" has declined (69% vs. 71%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	10,466	85%
New Licensees	1,292	11%
Non-Renewals	510	4%
All Licensees	12,268	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing LPCs, 96% submitted a survey. These represent 87% of the 12,268 LPCs who held a license at some point during the survey period.

Definitions

- 1. **The Survey Period:** The survey was conducted in June 2026.
- 2. **Target Population:** All LPCs who held a Virginia license at some point between July 2025 and June 2026.
- 3. **Survey Population:** The survey was available to LPCs who renewed their licenses online. It was not available to those who did not renew, including LPCs newly licensed in 2026.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 35	345	1,289	79%
35 to 39	265	1,723	87%
40 to 44	237	1,750	88%
45 to 49	186	1,526	89%
50 to 54	121	1,228	91%
55 to 59	127	1,079	90%
60 to 64	72	766	91%
65 and Over	220	1,334	86%
Total	1,573	10,695	87%
New Licenses			
Issued in Past Year	718	574	44%
Metro Status			
Non-Metro	86	786	90%
Metro	910	7,545	89%
Not in Virginia	577	2,363	80%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	10,695
Response Rate, All Licensees	87%
Response Rate, Renewals	96%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed LPCs

Number: 12,268
New: 11%
Not Renewed: 4%

Response Rates

All Licensees: 87%
Renewing Practitioners: 96%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's LPC Workforce: 9,444
FTEs: 7,344

Utilization Ratios

Licensees in VA Workforce: 77%
Licensees per FTE: 1.67
Workers per FTE: 1.29

Source: Va. Healthcare Workforce Data Center

Definitions

1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's LPC Workforce

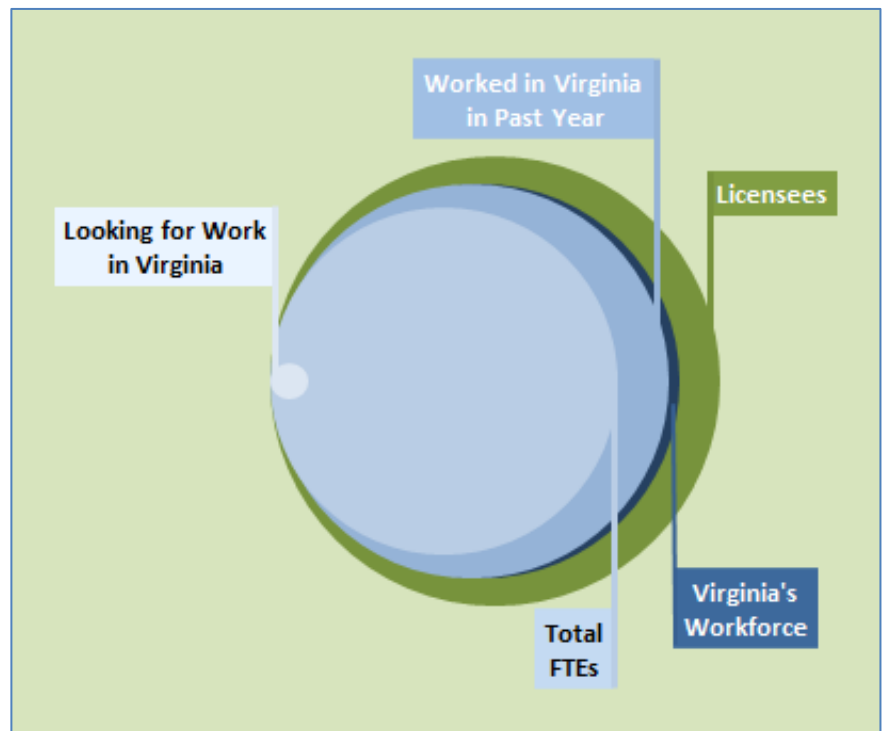
Status	#	%
Worked in Virginia in Past Year	9,362	99%
Looking for Work in Virginia	83	1%
Virginia's Workforce	9,444	100%
Total FTEs	7,344	
Licensees	12,268	

Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report.

Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 35	122	10%	1,086	90%	1,208	16%
35 to 39	189	16%	1,024	84%	1,213	16%
40 to 44	191	16%	1,019	84%	1,210	16%
45 to 49	142	14%	899	86%	1,040	14%
50 to 54	117	14%	703	86%	820	11%
55 to 59	145	19%	621	81%	766	10%
60 to 64	95	19%	398	81%	493	6%
65 and Over	244	27%	647	73%	891	12%
Total	1,245	16%	6,397	84%	7,642	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	LPCs		LPCs Under 40	
	%	#	%	#	%
White	58%	5,244	68%	1,628	67%
Black	19%	1,563	20%	439	18%
Asian	7%	157	2%	68	3%
Other Race	0%	69	1%	9	<1%
Two or More Races	3%	213	3%	100	4%
Hispanic	12%	411	5%	177	7%
Total	100%	7,657	100%	2,421	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2024.

Source: Va. Healthcare Workforce Data Center

Nearly one out of every three LPCs are under the age of 40, and 87% of LPCs who are under the age of 40 are female. In addition, the diversity index among LPCs who are under the age of 40 is 51%.

At a Glance:

Gender

% Female: 84%
% Under 40 Female: 87%

Age

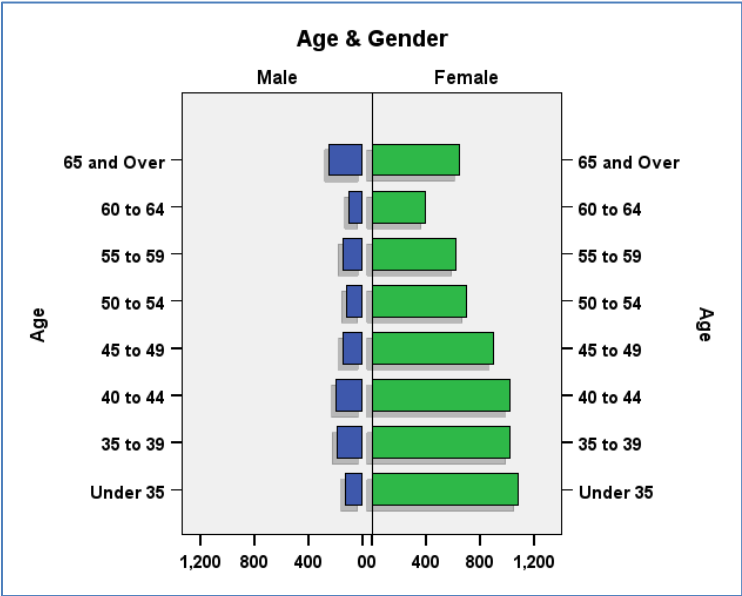
Median Age: 46
% Under 40: 32%
% 55 and Over: 28%

Diversity

Diversity Index: 49%
Under 40 Div. Index: 51%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two LPCs, there is a 49% chance that they would be of different races or ethnicities, a measure known as the diversity index. For Virginia's population as a whole, the comparable diversity index is 60%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 16%
Rural Childhood: 30%

Virginia Background

HS in Virginia: 52%
Prof. Edu. in VA: 64%
HS or Prof. Edu. in VA: 74%

Location Choice

% Rural to Non-Metro: 22%
% Urban/Suburban
to Non-Metro: 3%

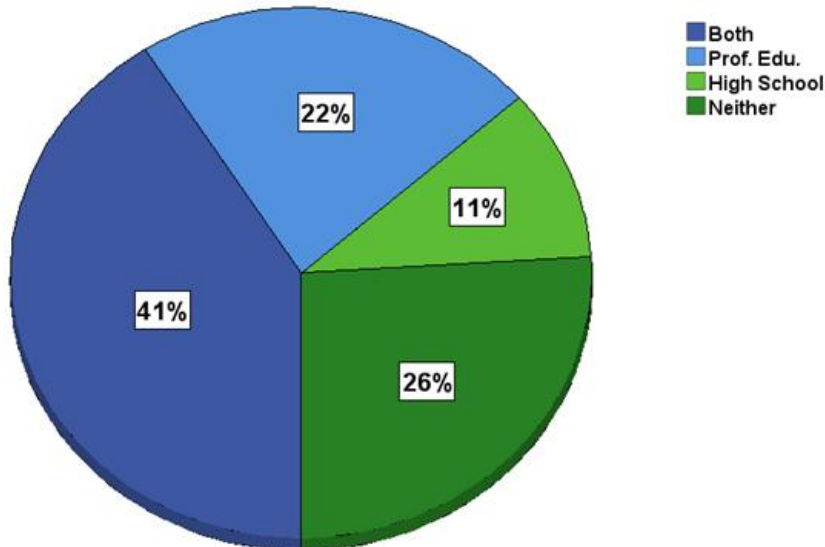
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	20%	61%	19%
2	Metro, 250,000 to 1 Million	44%	45%	11%
3	Metro, 250,000 or Less	43%	48%	9%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	70%	19%	10%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	70%	25%	5%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	89%	9%	2%
8	Rural, Metro Adjacent	63%	28%	9%
9	Rural, Non-Adjacent	70%	22%	9%
Overall		30%	54%	16%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Among all LPCs, 30% grew up in a self-described rural area, and 22% of LPCs who grew up in a rural area currently work in a non-metro county. In total, 9% of all LPCs in the state currently work in a non-metro county.

Top Ten States for Licensed Professional Counselor Recruitment

Rank	All LPCs			
	High School	#	Init. Prof. Degree	#
1	Virginia	3,883	Virginia	4,760
2	New York	372	Minnesota	272
3	Pennsylvania	346	Maryland	220
4	Maryland	305	Washington, D.C.	220
5	North Carolina	280	North Carolina	175
6	Outside U.S./Canada	256	Pennsylvania	171
7	Florida	216	Kentucky	166
8	New Jersey	183	Florida	148
9	Ohio	148	New York	123
10	California	127	Texas	104

Source: Va. Healthcare Workforce Data Center

Among all LPCs, 52% received their high school degree in Virginia, while 64% received their initial professional degree in the state.

Among LPCs who have obtained their initial license in the past five years, 51% received their high school degree in Virginia, while 61% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	1,670	Virginia	1,953
2	New York	143	Minnesota	147
3	Pennsylvania	139	Washington, D.C.	101
4	Maryland	135	Kentucky	94
5	North Carolina	127	Pennsylvania	83
6	Florida	99	Maryland	81
7	Outside U.S./Canada	96	North Carolina	77
8	New Jersey	75	Florida	65
9	California	59	New York	56
10	Texas	58	Texas	52

Source: Va. Healthcare Workforce Data Center

Nearly one out of every four of Virginia's licensees did not participate in the state's LPC workforce during the past year. Among licensed LPCs who did not participate in the state's LPC workforce, 95% worked at some point in the past year, including 68% who currently work in a job related to the behavioral sciences.

At a Glance:

Not in VA Workforce

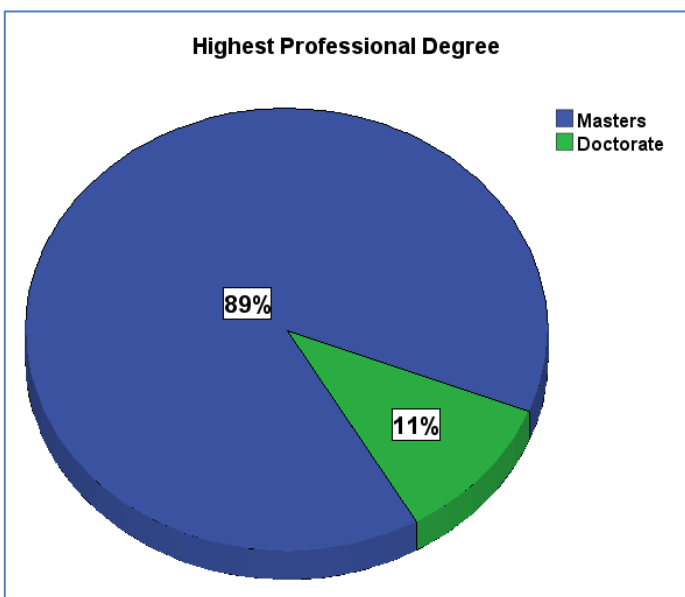
Total:	2,823
% of Licensees:	23%
Federal/Military:	5%
Va. Border State/D.C.:	19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
Bachelor's Degree	7	0%
Master's Degree	6,623	89%
Doctor of Psychology	138	2%
Other Doctorate	644	9%
Total	7,412	100%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than half of all LPCs carry education debt, including 68% of those LPCs who are under the age of 40. For those LPCs with education debt, the median outstanding balance is between \$90,000 and \$100,000.

At a Glance:

Education

Masters:	89%
Doctorate/PhD:	11%

Education Debt

Carry Debt:	51%
Under Age 40 w/ Debt:	68%
Median Debt:	\$90k-\$100k

Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All LPCs		LPCs Under 40	
	#	%	#	%
None	3,095	49%	615	32%
Less than \$10,000	205	3%	58	3%
\$10,000-\$29,999	302	5%	128	7%
\$30,000-\$49,999	296	5%	142	7%
\$50,000-\$69,999	331	5%	156	8%
\$70,000-\$89,999	341	5%	168	9%
\$90,000-\$109,999	492	8%	236	12%
\$110,000-\$129,999	325	5%	138	7%
\$130,000-\$149,999	207	3%	93	5%
\$150,000 or More	747	12%	203	10%
Total	6,341	100%	1,937	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

Primary Specialty

Mental Health:	69%
Behavioral Disorders:	5%
Child:	5%

Secondary Specialty

Substance Abuse:	14%
Mental Health:	14%
Behavioral Disorders:	14%

Source: Va. Healthcare Workforce Data Center

More than two out of every three LPCs have a primary specialty in mental health. In addition, another 14% of LPCs have a secondary specialty in mental health.

Specialties				
Specialty	Primary		Secondary	
	#	%	#	%
Mental Health	5,068	69%	860	14%
Behavioral Disorders	372	5%	832	14%
Child	361	5%	464	8%
Substance Abuse	326	4%	867	14%
Marriage	122	2%	399	7%
Family	113	2%	382	6%
School/Educational	93	1%	222	4%
Forensic	46	1%	87	1%
Sex Offender Treatment	26	0%	56	1%
Health/Medical	14	0%	66	1%
Rehabilitation	12	0%	39	1%
Vocational/Work Environment	11	0%	45	1%
Neurology/Neuropsychology	9	0%	20	0%
Gerontologic	8	0%	15	0%
Public Health	5	0%	16	0%
Industrial-Organizational	3	0%	11	0%
Social	2	0%	34	1%
Experimental or Research	0	0%	9	0%
General Practice (Non-Specialty)	503	7%	1,166	19%
Other Specialty Area	247	3%	508	8%
Total	7,343	100%	6,097	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 96%
Involuntarily Unemployed: < 1%

Positions Held

1 Full-Time: 52%
2 or More Positions: 30%

Weekly Hours:

40 to 49: 38%
60 or More: 5%
Less than 30: 24%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	6	<1%
Employed in a Behavioral Sciences-Related Capacity	7,017	96%
Employed, NOT in a Behavioral Sciences-Related Capacity	150	2%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	6	<1%
Voluntarily Unemployed	80	1%
Retired	84	1%
Total	7,342	100%

Source: Va. Healthcare Workforce Data Center

Among all LPCs, 96% are currently employed in the profession, 52% hold one full-time job, and 38% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 Hours	170	2%
1 to 9 Hours	243	3%
10 to 19 Hours	540	8%
20 to 29 Hours	934	13%
30 to 39 Hours	1,461	20%
40 to 49 Hours	2,705	38%
50 to 59 Hours	719	10%
60 to 69 Hours	292	4%
70 to 79 Hours	60	1%
80 or More Hours	25	<1%
Total	7,149	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	170	3%
One Part-Time Position	1,143	16%
Two Part-Time Positions	380	5%
One Full-Time Position	3,731	52%
One Full-Time Position & One Part-Time Position	1,457	20%
Two Full-Time Positions	84	1%
More than Two Positions	216	3%
Total	7,181	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	44	1%
Less than \$40,000	678	12%
\$40,000-\$49,999	288	5%
\$50,000-\$59,999	475	8%
\$60,000-\$69,999	610	11%
\$70,000-\$79,999	703	12%
\$80,000-\$89,999	770	13%
\$90,000-\$99,999	555	10%
\$100,000-\$109,999	554	10%
\$110,000-\$119,999	348	6%
\$120,000-\$129,999	266	5%
\$130,000 or More	545	9%
Total	5,836	100%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	4,926	69%
Somewhat Satisfied	1,898	27%
Somewhat Dissatisfied	214	3%
Very Dissatisfied	61	1%
Total	7,099	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: \$80k-\$90k

Benefits

(Salary/Wage Employees Only)

Health Insurance: 58%

Retirement: 54%

Satisfaction

Satisfied: 96%

Very Satisfied: 69%

Source: Va. Healthcare Workforce Data Center

The typical LPC earns between \$80,000 and \$90,000 per year. Among LPCs who receive either an hourly wage or a salary as compensation at their primary work location, 71% receive at least one employer-sponsored benefit, including 58% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation	2,842	41%	61%
Health Insurance	2,695	38%	58%
Dental Insurance	2,609	37%	56%
Retirement	2,561	36%	54%
Paid Sick Leave	2,386	34%	52%
Group Life Insurance	1,833	26%	40%
Signing/Retention Bonus	461	7%	10%
At Least One Benefit	3,481	50%	71%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In the Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	63	1%
Experience Voluntary Unemployment?	285	3%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	264	3%
Work Two or More Positions at the Same Time?	2,392	25%
Switch Employers or Practices?	536	6%
Experience at Least One?	2,998	32%

Source: Va. Healthcare Workforce Data Center

In total, 1% of Virginia's LPCs experienced involuntary unemployment at some point during the past year. By comparison, Virginia's average monthly unemployment rate was 3.7% during the same time period.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	113	2%	71	3%
Less than 6 Months	313	4%	155	7%
6 Months to 1 Year	458	7%	221	11%
1 to 2 Years	1,181	17%	401	19%
3 to 5 Years	2,281	32%	701	34%
6 to 10 Years	1,383	20%	323	15%
More than 10 Years	1,293	18%	226	11%
Subtotal	7,022	100%	2,097	100%
Did Not Have Location	92		7,230	
Item Missing	2,331		117	
Total	9,444		9,444	

Source: Va. Healthcare Workforce Data Center

Among all LPCs, 51% are salaried employees, while 24% receive income from their own business or practice.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 3%

Turnover & Tenure

Switched Jobs: 6%
New Location: 16%
Over 2 Years: 71%
Over 2 Yrs., 2nd Location: 60%

Employment Type

Salary/Commission: 51%
Business/Practice Income: 24%

Source: Va. Healthcare Workforce Data Center

More than seven out of every ten LPCs have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Salary/Commission	2,587	51%
Hourly Wage	836	17%
By Contract	411	8%
Business/Practice Income	1,195	24%
Unpaid	25	0%
Subtotal	5,054	100%
Did Not Have Location	92	
Item Missing	4,298	

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 3.4% and a high of 3.9%. At the time of publication, the unemployment rate for May 2026 was still preliminary, and the unemployment rate for June 2026 had not yet been released.

At a Glance:

Concentration

Top Region:	29%
Top 3 Regions:	71%
Lowest Region:	1%

Locations

2 or More (Past Year):	31%
2 or More (Now*):	29%

Source: Va. Healthcare Workforce Data Center

More than seven out of every ten LPCs in the state work in Northern Virginia, Central Virginia, and Hampton Roads.

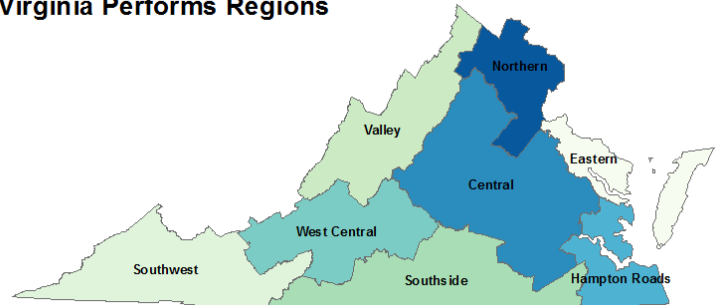
A Closer Look:

Regional Distribution of Work Locations

Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	1,523	22%	451	21%
Eastern	81	1%	30	1%
Hampton Roads	1,469	21%	479	22%
Northern	2,041	29%	558	26%
Southside	241	3%	74	4%
Southwest	325	5%	83	4%
Valley	434	6%	109	5%
West Central	853	12%	210	10%
Virginia Border State/D.C.	26	0%	48	2%
Other U.S. State	70	1%	112	5%
Outside of the U.S.	2	0%	1	0%
Total	7,065	100%	2,155	100%
Item Missing	2,288		59	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

Among all LPCs, 29% currently have multiple work locations, while 31% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	80	1%	160	2%
1	4,814	68%	4,899	69%
2	1,284	18%	1,228	17%
3	830	12%	770	11%
4	43	1%	20	0%
5	13	0%	6	0%
6 or More	28	0%	8	0%
Total	7,092	100%	7,092	100%

*At the time of survey completion, June 2026.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	4,479	69%	1,583	83%
Non-Profit	874	13%	195	10%
State/Local Government	1,006	15%	110	6%
Veterans Administration	23	<1%	3	0%
U.S. Military	86	1%	7	0%
Other Federal Government	69	1%	14	1%
Total	6,537	100%	1,912	100%
Did Not Have Location	92		7,230	
Item Missing	2,815		302	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

For-Profit:	69%
Federal:	3%

Top Establishments

Private Practice, Group:	24%
Private Practice, Solo:	24%
Mental Health Facility, Outpatient:	14%

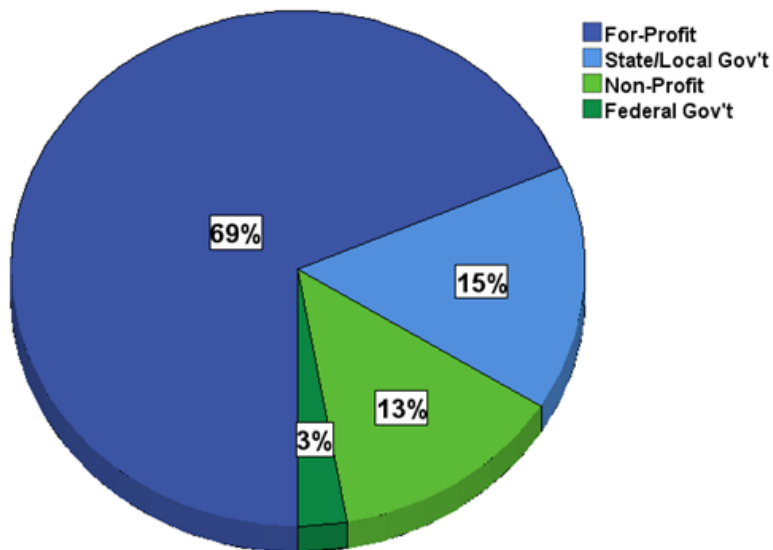
Payment Method

Cash/Self-Pay:	64%
Private Insurance:	57%

Source: Va. Healthcare Workforce Data Center

More than four out of every five LPCs work in the private sector, including 69% who work in the for-profit sector. Another 15% of LPCs work for a state or local government.

Sector, Primary Work Site



Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Private Practice, Group	1,563	24%	517	28%
Private Practice, Solo	1,527	24%	547	30%
Mental Health Facility, Outpatient	888	14%	261	14%
Community Services Board	694	11%	71	4%
Community-Based Clinic or Health Center	424	7%	123	7%
School (Providing Care to Clients)	283	4%	18	1%
Academic Institution (Teaching Health Professions Students)	132	2%	69	4%
Residential Mental Health/Substance Abuse Facility	108	2%	31	2%
Hospital, General	100	2%	18	1%
Hospital, Psychiatric	81	1%	21	1%
Corrections/Jail	79	1%	8	0%
Administrative or Regulatory	53	1%	9	0%
Rehabilitation Facility	28	0%	2	0%
Physician Office	14	0%	4	0%
Residential Intellectual/Development Disability Facility	13	0%	1	0%
Long-Term Care Facility, Nursing Home	12	0%	6	0%
Home Health Care	3	0%	3	0%
Other Practice Setting	388	6%	145	8%
Total	6,390	100%	1,854	100%

Source: Va. Healthcare Workforce Data Center

Group and solo private practices employ 48% of all LPCs in Virginia. Another 14% of LPCs work at outpatient mental health facilities.

Nearly two out of every three LPCs work at establishments that accept cash/self-pay as a form of payment for services rendered. This makes cash/self-pay the most commonly accepted form of payment among Virginia's LPC workforce.

Accepted Forms of Payment		
Payment	#	% of Workforce
Cash/Self-Pay	6,086	64%
Private Insurance	5,345	57%
Medicaid	3,546	38%
Medicare	2,333	25%

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Languages Offered

Spanish:	13%
Arabic:	4%
French:	4%

Means of Communication

Other Staff Members:	44%
Virtual Translation:	41%
Respondent:	29%

Source: Va. Healthcare Workforce Data Center

Among all LPCs, 13% are employed at a primary work location that offers Spanish language services for patients.

A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	1,205	13%
Arabic	398	4%
French	373	4%
Korean	371	4%
Chinese	363	4%
Hindi	327	3%
Vietnamese	320	3%
Persian	304	3%
Tagalog/Filipino	297	3%
Urdu	295	3%
Pashto	259	3%
Amharic, Somali, or Other Afro-Asiatic Languages	253	3%
Others	252	3%
At Least One Language	1,451	15%

Source: Va. Healthcare Workforce Data Center

More than two out of every five LPCs who are employed at a primary work location that offers language services for patients provide it by means of a staff member who is proficient.

Means of Language Communication

Provision	#	% of Workforce with Language Services
Other Staff Member is Proficient	635	44%
Virtual Translation Services	594	41%
Respondent is Proficient	415	29%
Onsite Translation Service	260	18%
Other	55	4%

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

Patient Care: 70%-79%
Administration: 10%-19%
Supervisory: 1%-9%

Roles

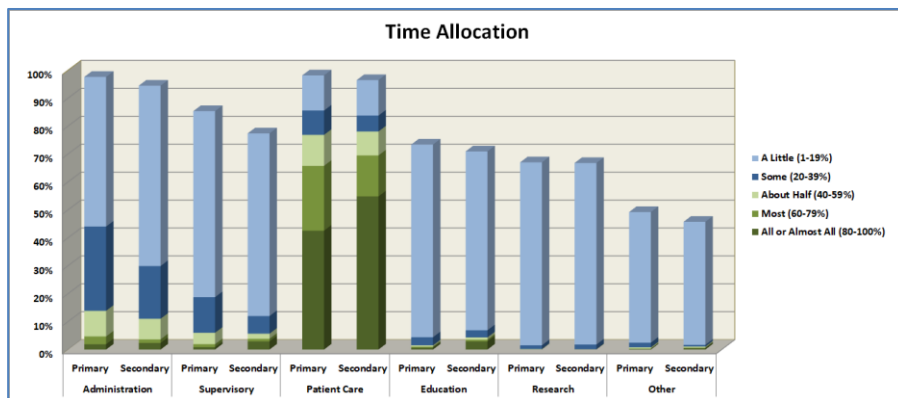
Patient Care: 66%
Administration: 5%
Supervisory: 2%

Patient Care LPCs

Median Admin. Time: 10%-19%
Avg. Admin. Time: 10%-19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



LPCs spend approximately three-fourths of their time treating patients. In fact, 66% of all LPCs fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation												
Time Spent	Admin.		Supervisory		Patient Care		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	2%	2%	1%	3%	43%	55%	1%	3%	0%	0%	0%	1%
Most (60-79%)	3%	1%	1%	1%	23%	15%	0%	1%	0%	0%	0%	0%
About Half (40-59%)	9%	7%	4%	2%	11%	9%	1%	1%	0%	0%	0%	0%
Some (20-39%)	30%	19%	13%	6%	9%	6%	3%	3%	1%	2%	2%	1%
A Little (1-19%)	54%	65%	67%	65%	13%	13%	69%	64%	66%	65%	47%	44%
None (0%)	2%	6%	15%	23%	2%	4%	27%	29%	33%	33%	51%	54%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Patients Per Week				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	450	7%	184	10%
1 to 24	4,239	65%	1,521	81%
25 to 49	1,638	25%	154	8%
50 to 74	107	2%	12	1%
75 or More	65	1%	7	0%
Total	6,499	100%	1,878	100%

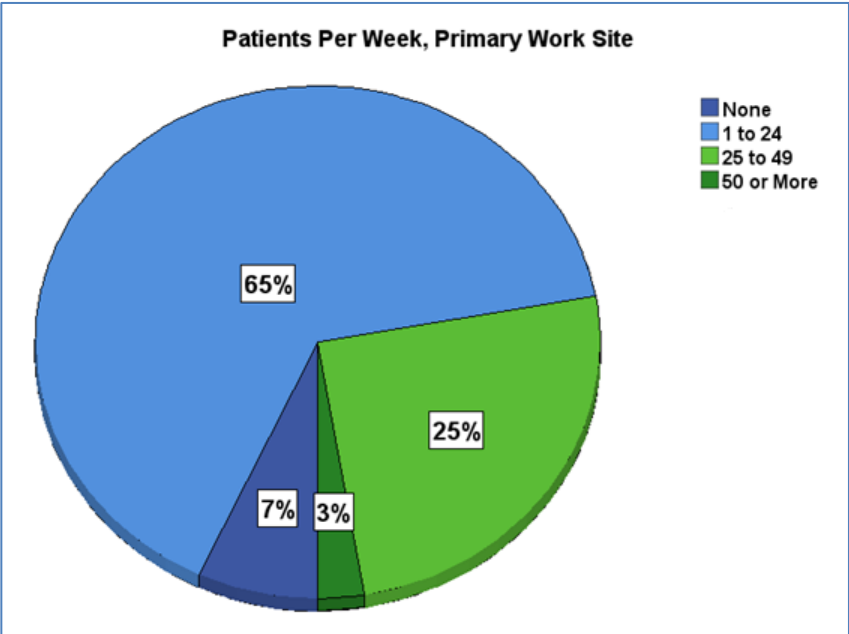
Source: Va. Healthcare Workforce Data Center

At a Glance:

Patients Per Week
Primary Location: 1-24
Secondary Location: 1-24

Source: Va. Healthcare Workforce Data Center

Nearly two out of every three LPCs treat between 1 and 24 patients per week at their primary work location. Among those LPCs who also have a secondary work location, 81% treat between 1 and 24 patients per week.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Patient Allocation

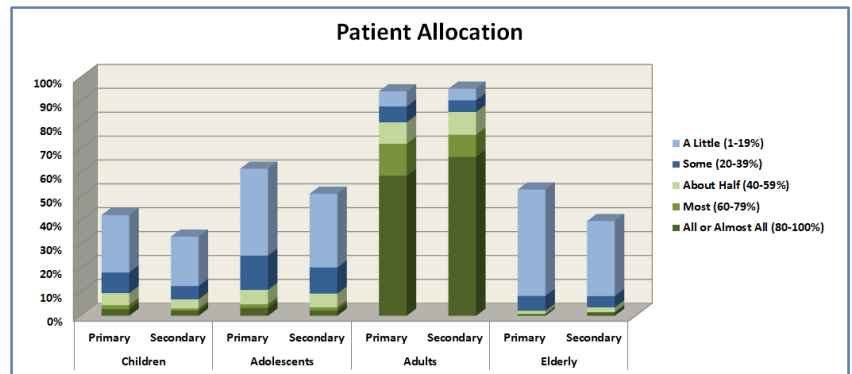
Children:	None
Adolescents:	1%-9%
Adults:	80%-89%
Elderly:	1%-9%

Roles

Children:	4%
Adolescents:	5%
Adults:	72%
Elderly:	1%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

In general, most patients seen by LPCs at their primary work location are adults. In addition, 72% of LPCs serve an adult patient care role, meaning that at least 60% of their patients are adults.

Patient Allocation								
Time Spent	Children		Adolescents		Adults		Elderly	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	3%	2%	3%	2%	59%	67%	1%	1%
Most (60-79%)	2%	1%	2%	1%	13%	9%	0%	0%
About Half (40-59%)	5%	4%	6%	6%	9%	10%	1%	2%
Some (20-39%)	9%	6%	14%	11%	7%	5%	6%	5%
A Little (1-19%)	24%	21%	36%	31%	6%	5%	45%	31%
None (0%)	58%	67%	38%	49%	6%	5%	47%	60%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Telehealth Services		
	#	%
Location of Telehealth Services		
In Virginia	5,196	71%
Outside of Virginia	64	1%
Both	1,216	17%
Providing Telehealth Services		
Providing Telehealth Services	6,476	89%
Not Providing Telehealth Services	832	11%
Total	7,307	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Telehealth Services

% Providing Telehealth: 89%

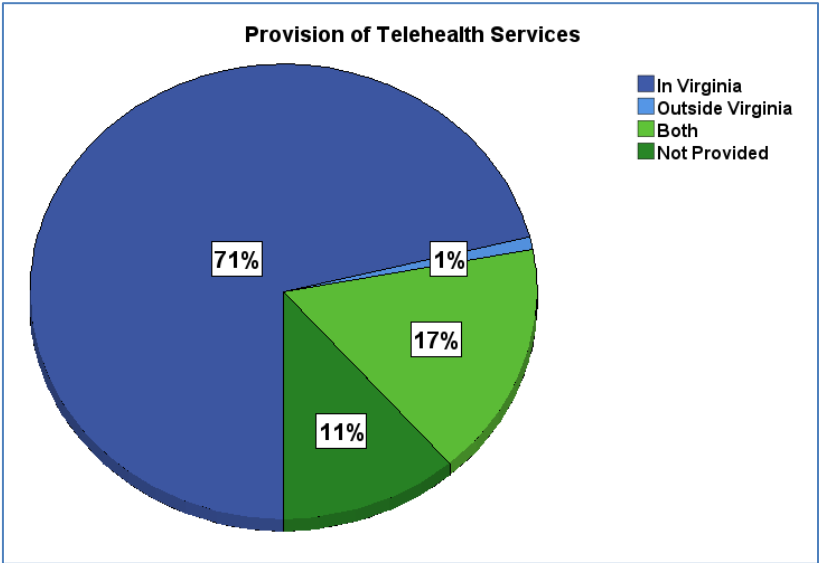
Telehealth Workload

Less than Half: 58%

More than Half: 20%

All: 22%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Nearly nine out of every ten LPCs provide telehealth services, including 71% of LPCs who provide telehealth services only in Virginia.

More than two out of every five LPCs work at a practice that provides more than half or all of their health care services via telehealth.

% of Practice Via Telehealth		
	#	%
Less than Half	3,993	58%
More than Half	1,383	20%
All of Practice	1,529	22%
Total	6,905	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Interstate Compact

% in Compact: 3%

Compact Affiliation

Counseling: 97%

PSYPACT: 1%

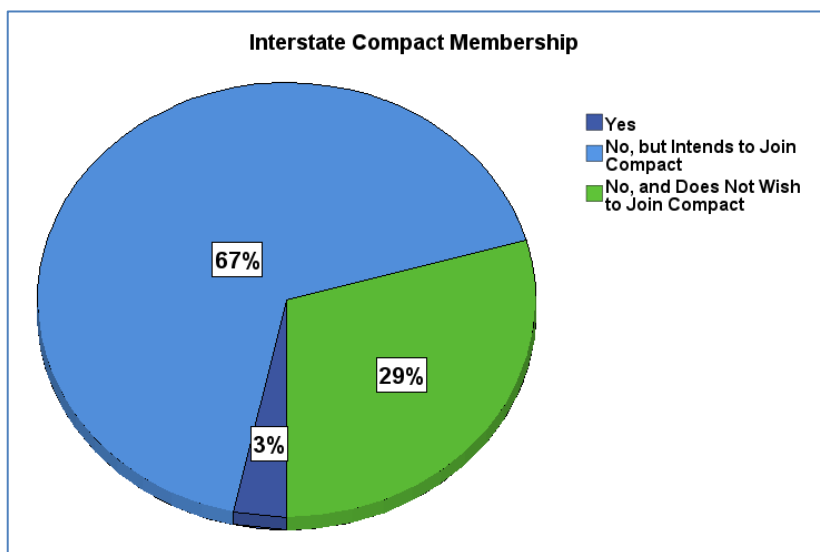
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Interstate Compact		
	#	%
Compact Membership		
In Compact	241	3%
Not in Compact	6,748	97%
Total	6,989	100%
Not in Compact		
Intends to Join Compact	4,689	72%
Does Not Wish to Join Compact	2,059	31%
Subtotal	6,748	100%

Source: Va. Healthcare Workforce Data Center

While 3% of LPCs are currently a part of an interstate compact, another 67% intend to join an interstate compact in the future.



Source: Va. Healthcare Workforce Data Center

Compact Affiliation		
Affiliation	#	%
Counseling Compact	222	97%
Psychology Interjurisdictional Compact (PSYPACT)	3	1%
Social Work Licensure Compact	0	0%
Other	4	2%
Total	230	100%

Source: Va. Healthcare Workforce Data Center

In total, 97% of LPCs currently in an interstate compact are affiliated with the Counseling Compact.

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All LPCs		LPCs 50 and Over	
	#	%	#	%
Under Age 50	69	1%	-	-
50 to 54	161	3%	3	0%
55 to 59	393	7%	73	3%
60 to 64	1,067	18%	295	12%
65 to 69	1,749	29%	652	28%
70 to 74	1,109	19%	577	24%
75 to 79	468	8%	290	12%
80 or Over	231	4%	148	6%
I Do Not Intend to Retire	735	12%	327	14%
Total	5,984	100%	2,365	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All LPCs

Under 65: 28%

Under 60: 10%

LPCs 50 and Over

Under 65: 16%

Under 60: 3%

Time Until Retirement

Within 2 Years: 5%

Within 10 Years: 19%

Half the Workforce: By 2051

Source: Va. Healthcare Workforce Data Center

Among all LPCs, 28% expect to retire before the age of 65. Among those LPCs who are age 50 or over, 16% expect to retire by the age of 65.

Within the next two years, 15% of LPCs expect to increase their patient care hours, and 11% expect to pursue additional educational opportunities.

Future Plans		
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	96	1%
Leave Virginia	204	2%
Decrease Patient Care Hours	759	8%
Decrease Teaching Hours	27	<1%
Increase Participation		
Increase Patient Care Hours	1,441	15%
Increase Teaching Hours	685	7%
Pursue Additional Education	1,063	11%
Return to the Workforce	35	<1%

Source: Va. Healthcare Workforce Data Center

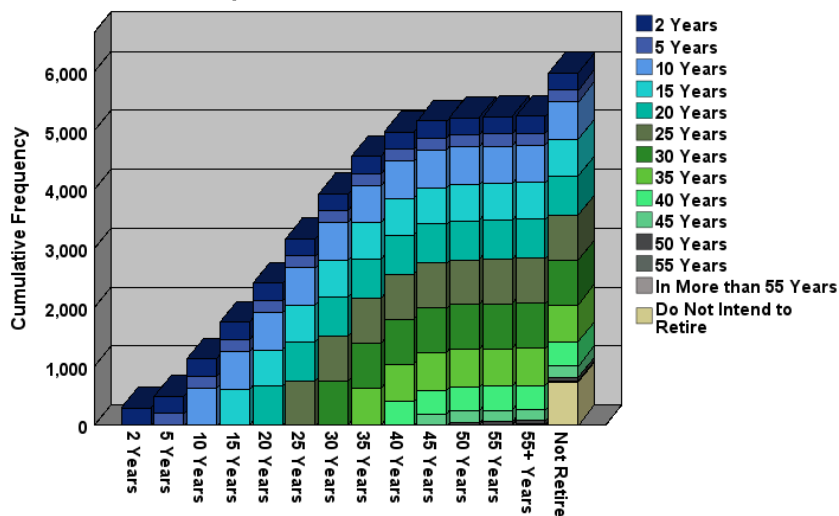
By comparing retirement expectation to age, we can estimate the maximum years to retirement for LPCs. While 5% of LPCs expect to retire in the next two years, 19% expect to retire in the next ten years. Half of the current workforce expect to retire by 2051.

Time to Retirement

Expect to Retire Within. . .	#	%	Cumulative %
2 Years	295	5%	5%
5 Years	202	3%	8%
10 Years	633	11%	19%
15 Years	619	10%	29%
20 Years	663	11%	40%
25 Years	761	13%	53%
30 Years	761	13%	66%
35 Years	635	11%	76%
40 Years	409	7%	83%
45 Years	188	3%	86%
50 Years	57	1%	87%
55 Years	15	0%	88%
In More than 55 Years	10	0%	88%
Do Not Intend to Retire	735	12%	100%
Total	5,983	100%	

Source: Va. Healthcare Workforce Data Center

Expected Years to Retirement



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2036. Retirement will peak at 13% of the current workforce around 2056 before declining to under 10% of the current workforce again around 2066.

At a Glance:

FTEs

Total: 7,344

FTEs/1,000 Residents²: 0.833

Average: 0.79

Age & Gender Effect

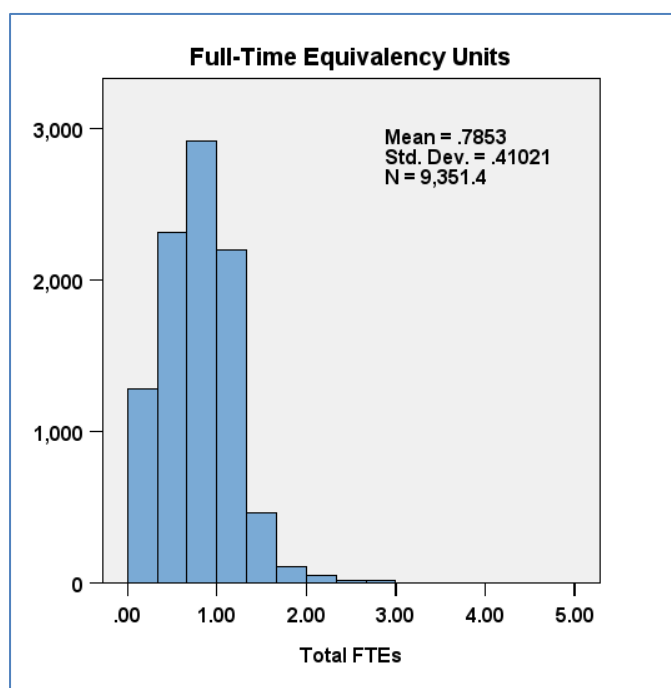
Age, *Partial Eta*²: Medium

Gender, *Partial Eta*²: Small

*Partial Eta*² Explained:
*Partial Eta*² is a statistical
measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

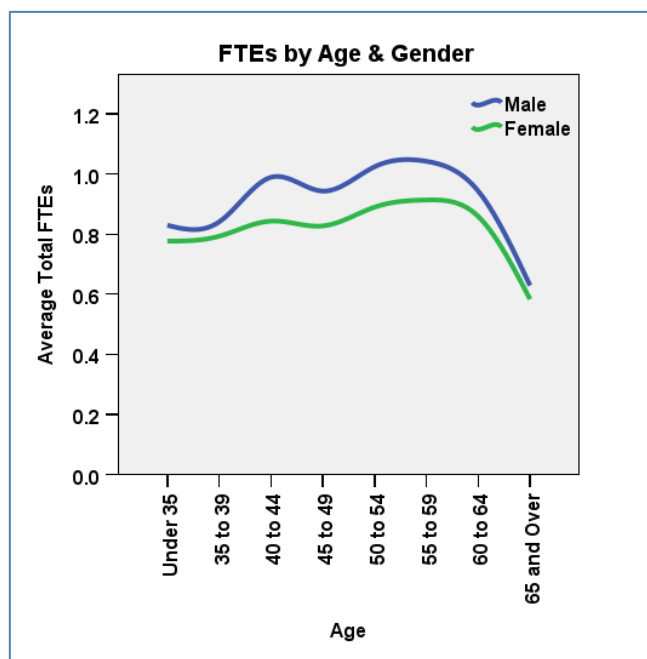


Source: Va. Healthcare Workforce Data Center

The typical (median) LPC provided 0.84 FTEs over the past year, or approximately 34 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.³

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 35	0.80	0.91
35 to 39	0.75	0.69
40 to 44	0.87	0.86
45 to 49	0.72	0.77
50 to 54	0.81	0.83
55 to 59	0.97	1.05
60 to 64	0.88	0.91
65 and Over	0.56	0.44
Gender		
Male	0.88	0.93
Female	0.81	0.84

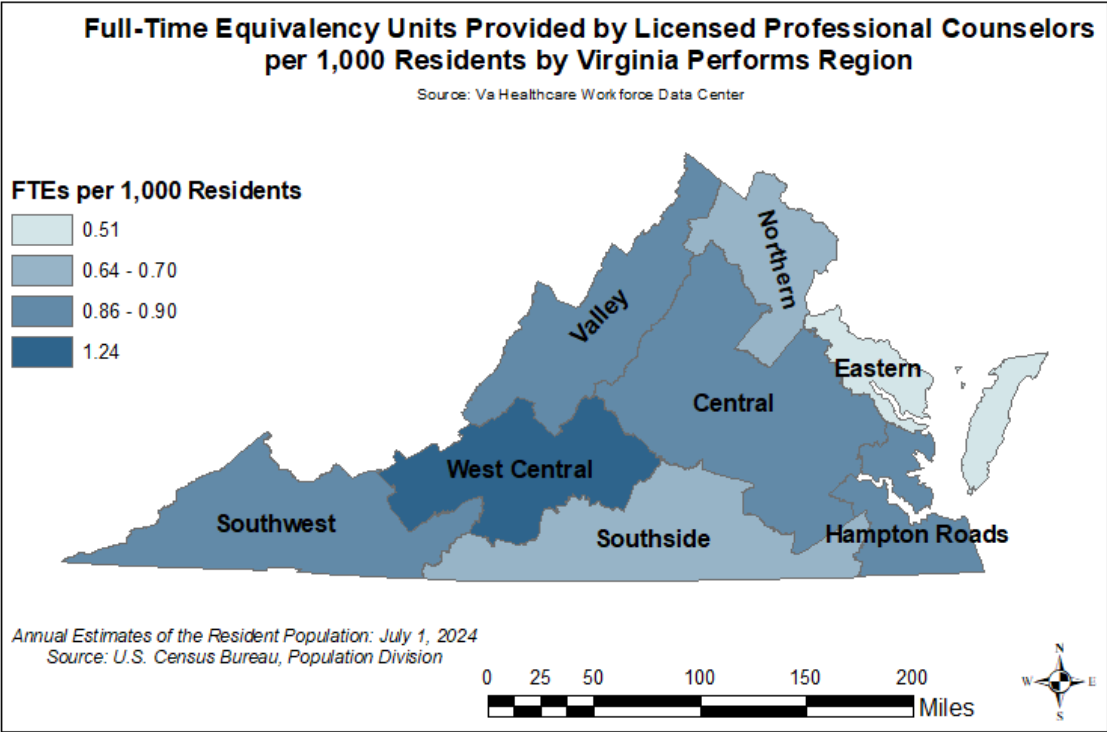
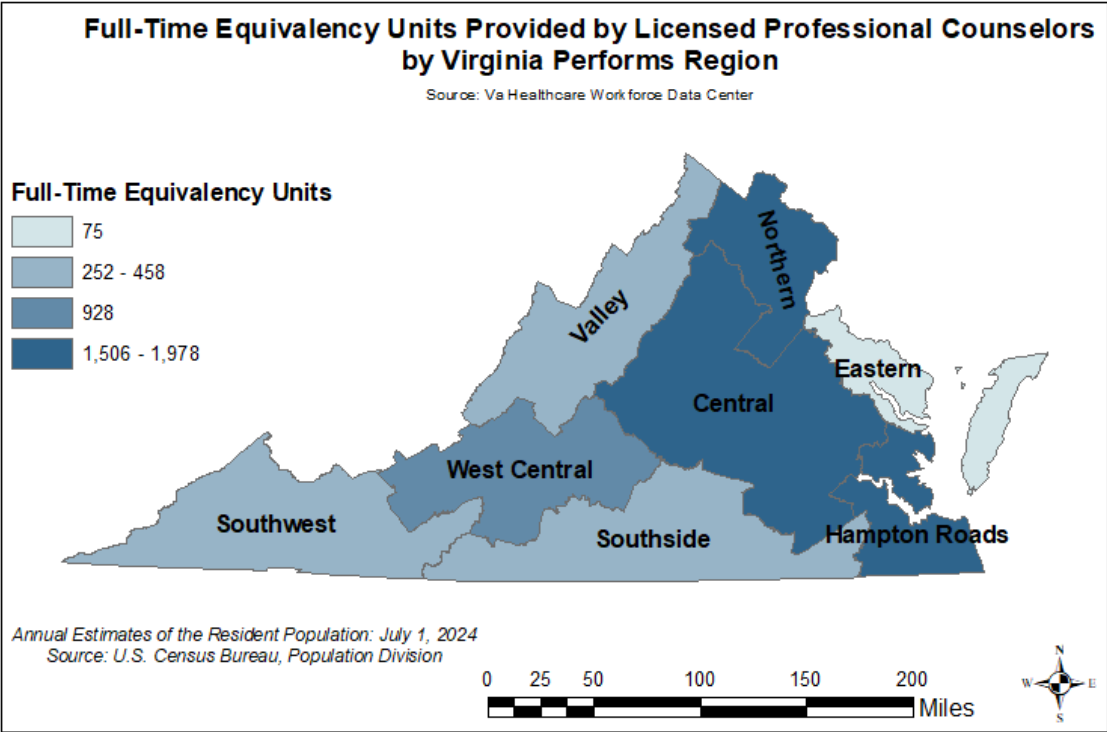
Source: Va. Healthcare Workforce Data Center

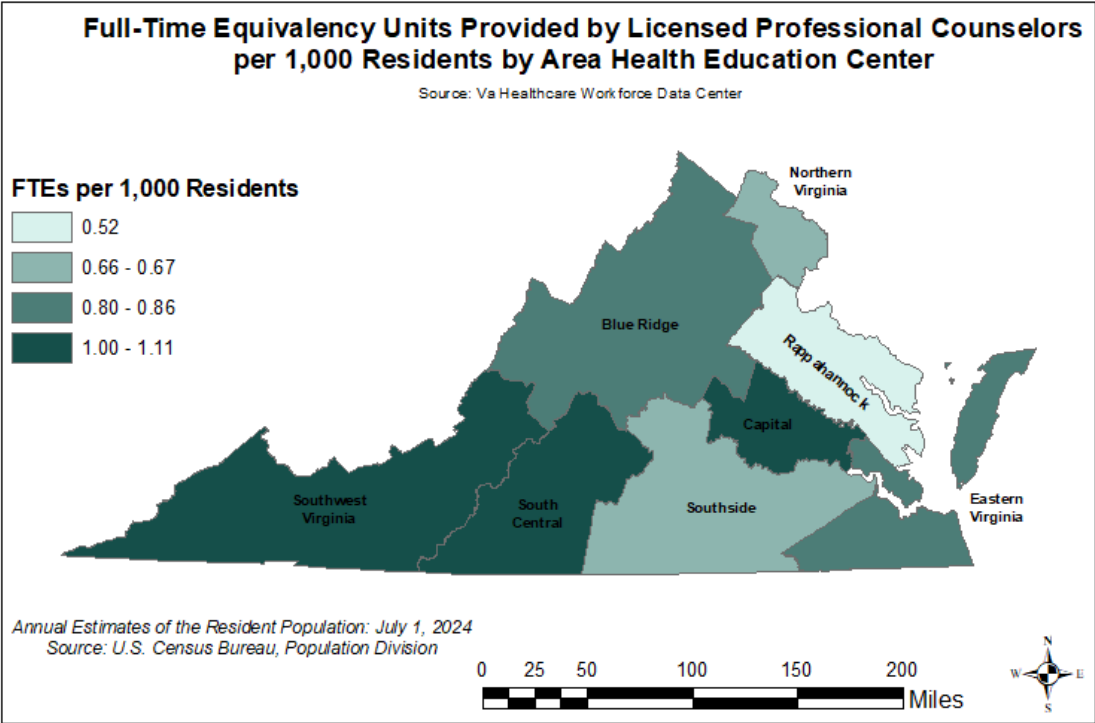
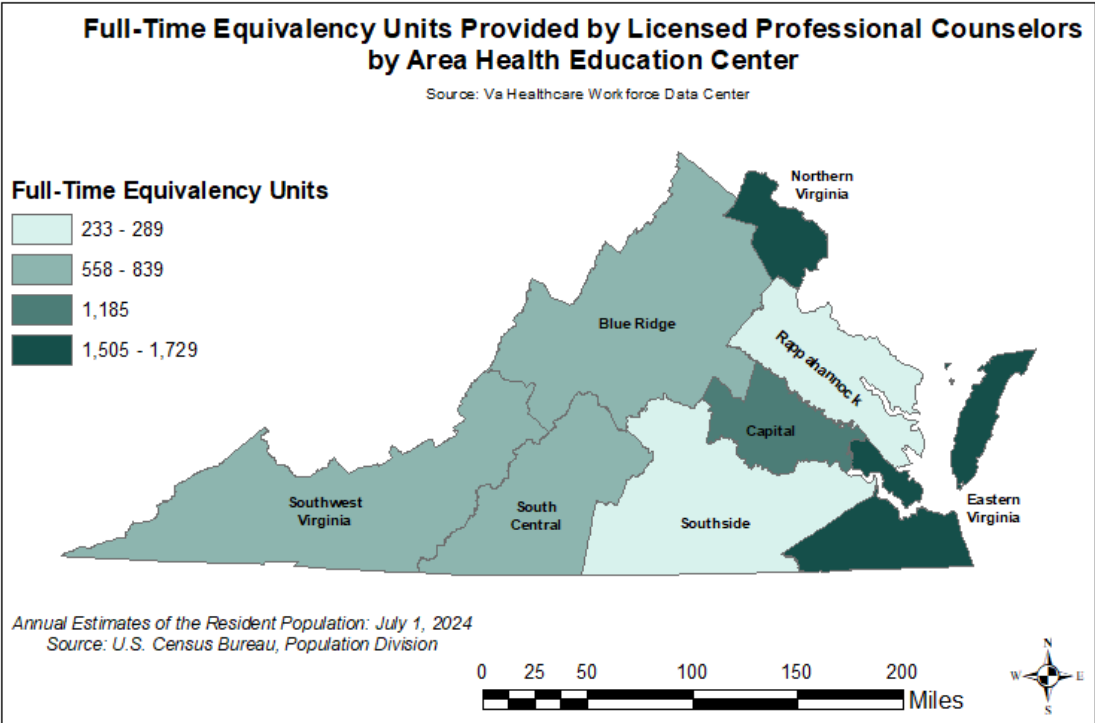


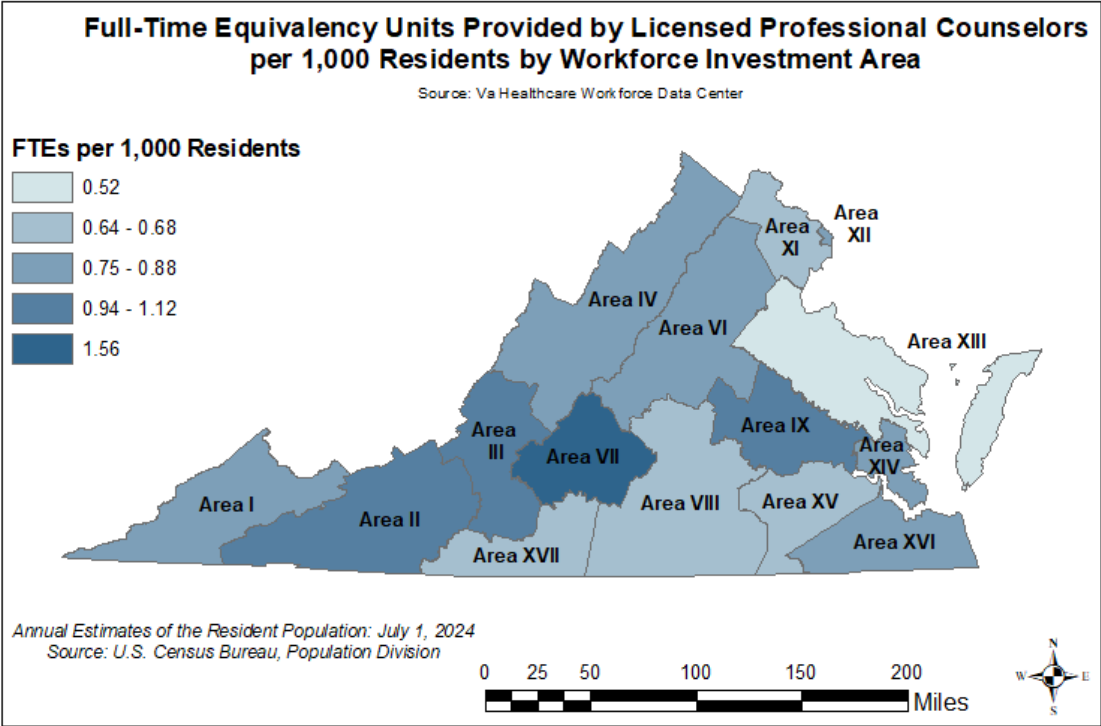
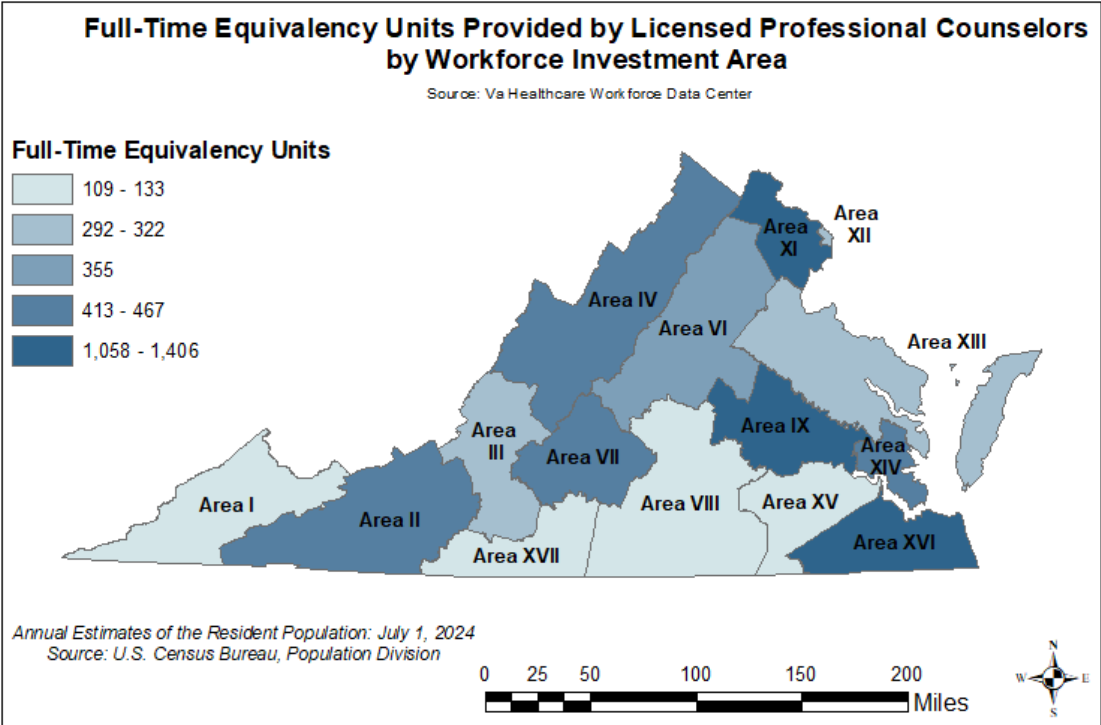
Source: Va. Healthcare Workforce Data Center

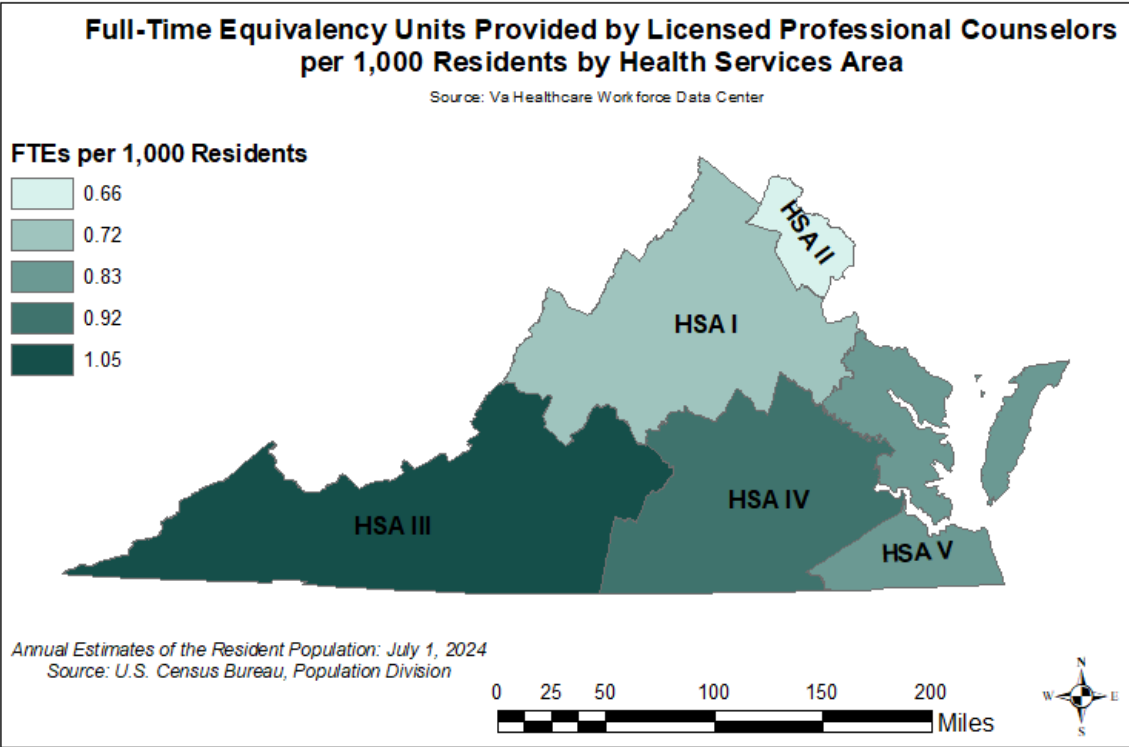
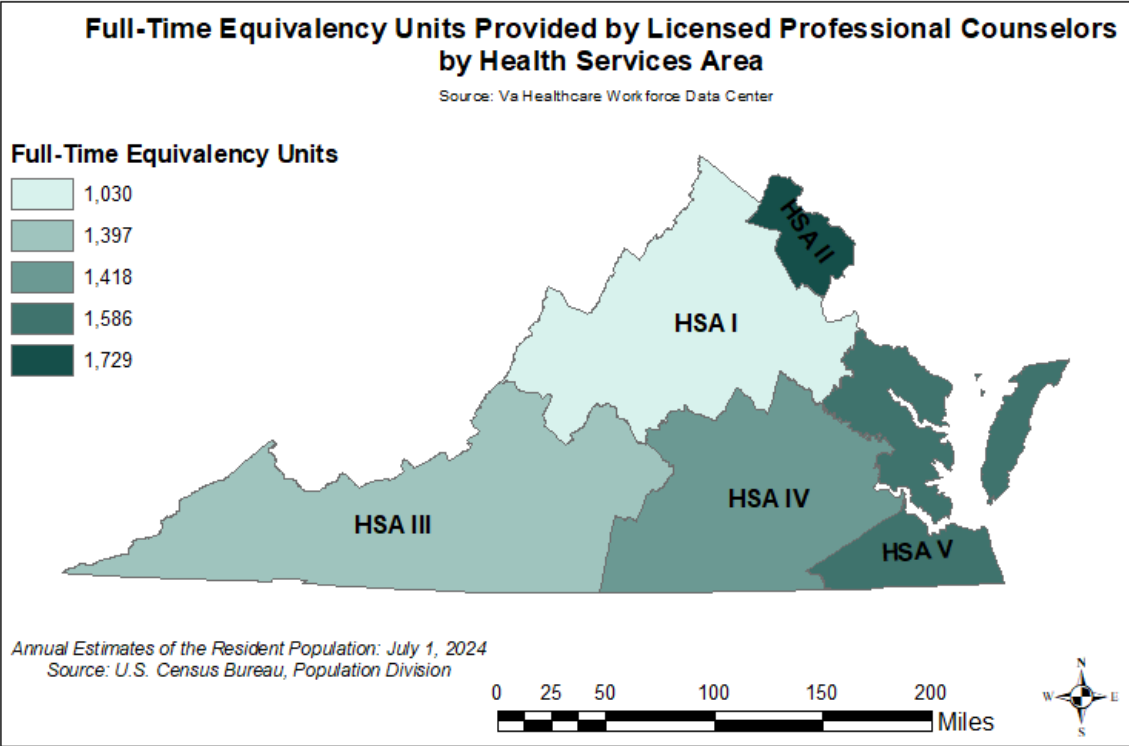
² Number of residents in 2024 was used as the denominator.

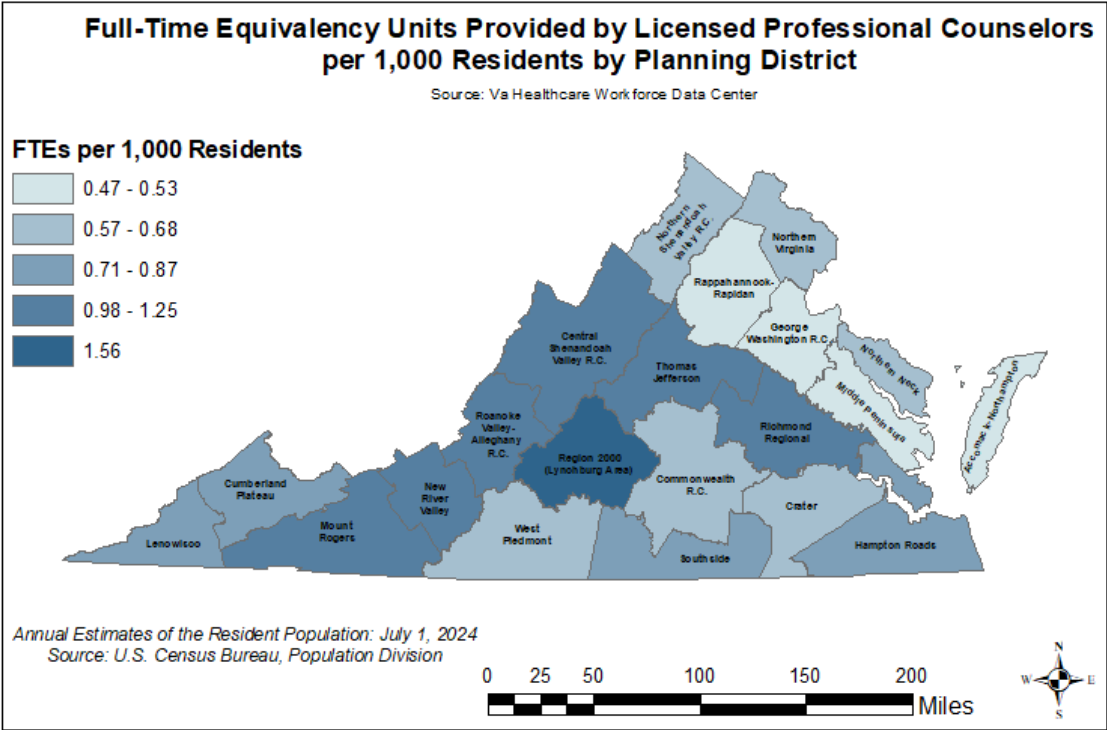
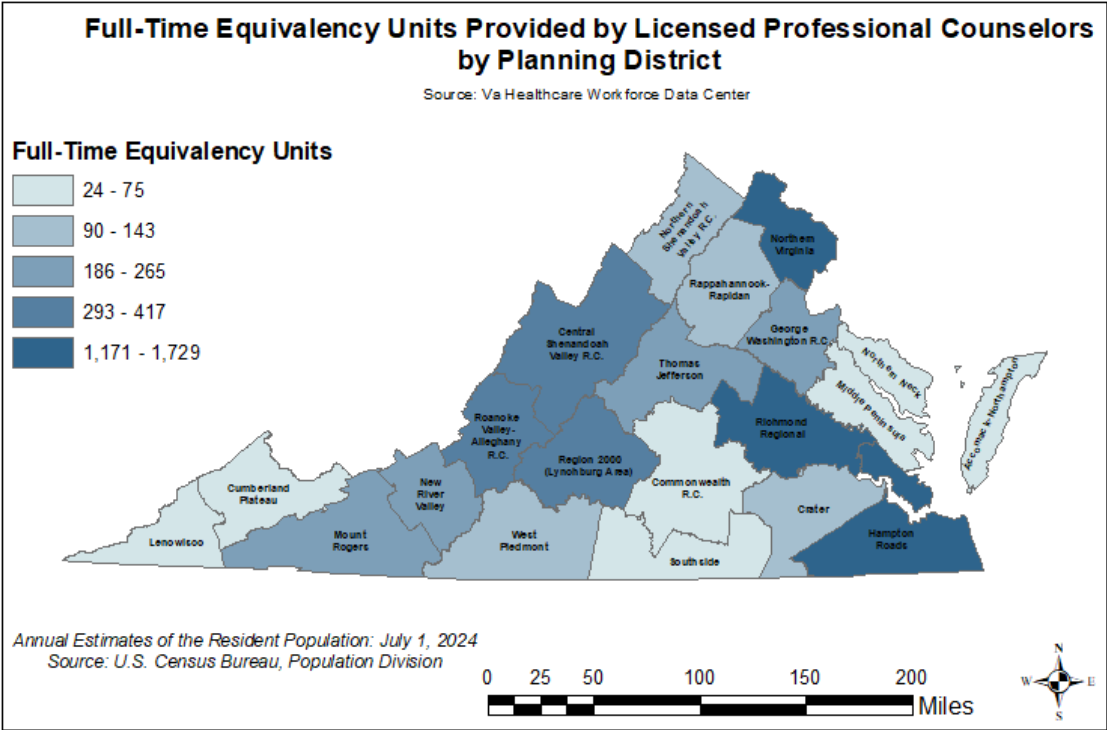
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	6,296	88.74%	1.127	1.075	1.245
Metro, 250,000 to 1 Million	1,046	90.82%	1.101	1.050	1.217
Metro, 250,000 or Less	1,113	90.57%	1.104	1.053	1.220
Urban, Pop. 20,000+, Metro Adj.	121	88.43%	1.131	1.079	1.250
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	327	89.30%	1.120	1.068	1.238
Urban, Pop. 2,500-19,999, Non-Adj.	206	94.17%	1.062	1.013	1.173
Rural, Metro Adj.	156	89.74%	1.114	1.063	1.231
Rural, Non-Adj.	62	85.48%	1.170	1.116	1.293
Virginia Border State/D.C.	1,495	81.40%	1.228	1.172	1.358
Other U.S. State	1,445	79.31%	1.261	1.203	1.393

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 35	1,634	78.89%	1.268	1.173	1.393
35 to 39	1,988	86.67%	1.154	1.068	1.268
40 to 44	1,987	88.07%	1.135	1.051	1.248
45 to 49	1,712	89.14%	1.122	1.039	1.233
50 to 54	1,349	91.03%	1.099	1.017	1.208
55 to 59	1,206	89.47%	1.118	1.035	1.229
60 to 64	838	91.41%	1.094	1.013	1.203
65 and Over	1,554	85.84%	1.165	1.078	1.281

Source: Va. Healthcare Workforce Data Center

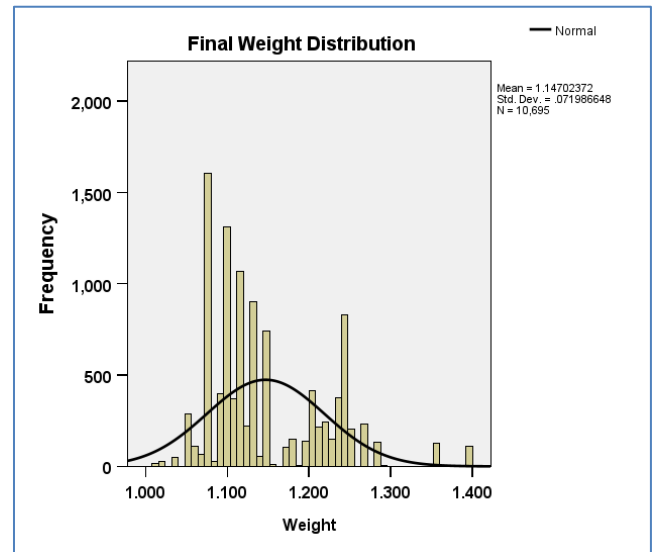
See the Methods section on the HWDC website for details on HWDC methods:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate
= Final Weight.

Overall Response Rate: 0.871780



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Qualified Mental Health Professional Workforce: 2026

Healthcare Workforce Data Center

August 2026

Virginia Department of Health Professions
Healthcare Workforce Data Center
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Get a copy of this report from:

<http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

In total, 6,895 Qualified Mental Health Professionals voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Counseling express our sincerest appreciation for their ongoing cooperation.

Thank You!

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The Qualified Mental Health Professional Workforce At a Glance:

The Workforce

Registrants:	9,243
Virginia's Workforce:	8,799
FTEs:	7,945

Work Location

Central VA:	30%
Hampton Roads:	26%
Northern VA:	12%

Current Employment

Employed in Prof.:	91%
Hold 1 Full-Time Job:	65%
Satisfied?:	96%

Survey Response Rate

All Registrants:	75%
Renewing Practitioners:	96%

Education

Baccalaureate:	52%
Masters:	42%

Job Turnover

Switched Jobs:	7%
Employed Over 2 Yrs.:	66%

Demographics

Female:	79%
Diversity Index:	56%
Median Age:	45

Prof. Degree

Psychology:	29%
Counseling:	17%
Social Work:	14%

Time Allocation

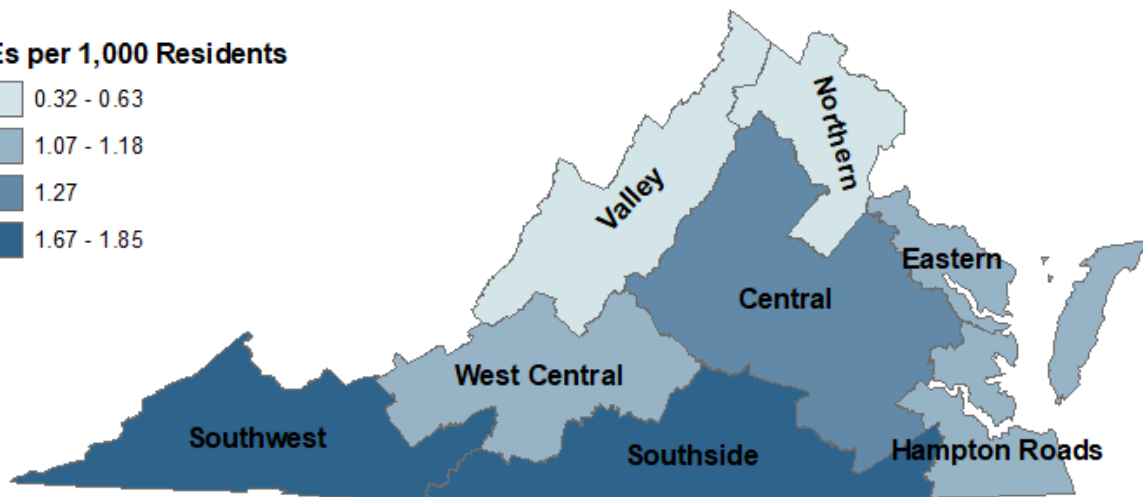
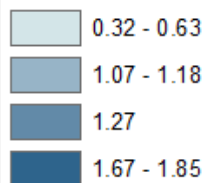
Patient Care:	70%-79%
Administration:	10%-19%
Patient Care Role:	61%

Source: Va. Healthcare Workforce Data Center

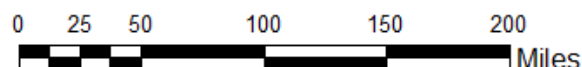
Full-Time Equivalency Units Provided by Qualified Mental Health Professionals per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2024
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2026 Qualified Mental Health Professional (QMHP) Workforce Survey. In total, 6,895 QMHPs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the registration renewal process, which takes place every June for QMHPs. These survey respondents represent 75% of the 9,243 QMHPs registered in the state and 96% of renewing practitioners.

The HWDC estimates that 8,799 QMHPs participated in Virginia's workforce during the survey period, which is defined as those QMHPs who worked at least a portion of the year in the state, but it does not include QMHPs who live in the state and intend to work as a QMHP at some point in the future. Over the past year, Virginia's QMHP workforce provided 7,945 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

Nearly four out of every five QMHPs are female, including 82% of those QMHPs who are under the age of 40. Meanwhile, the median age of this workforce is 45. In a random encounter between two QMHPs, there is a 56% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 58% among those QMHPs who are under the age of 40. For Virginia's overall population, the comparable diversity index is 60%. In total, 52% of all QMHPs hold a baccalaureate degree as their highest professional degree, while another 42% hold a master's degree. With respect to professional degrees, 29% of QMHPs hold a degree in psychology, 17% hold a degree in counseling, and 14% hold a degree in social work. Two out of every three QMHPs have held their registration for more than five years. Nearly one-third of all QMHPs are eligible for licensure in another profession, including 21% who are eligible for licensure as a licensed professional counselor. In total, 46% of QMHPs are planning to continue their education or register as a resident in counseling or as a supervisee in social work in the future.

Among all QMHPs, 91% are currently employed in the profession, 65% hold one full-time job, and 55% work between 40 and 49 hours per week. Over the past year, 8% of all QMHPs have experienced underemployment, while 2% have experienced involuntary unemployment. The median annual income of Virginia's QMHP workforce is between \$50,000 and \$60,000. One-half of all QMHPs receive this income in the form of a salary, while another 43% of QMHPs receive this income as an hourly wage. Among all QMHPs, 96% are satisfied with their current work situation, including 66% of QMHPs who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2025 QMHP workforce. The number of licensed QMHPs in Virginia has fallen by 3% (9,243 vs. 9,499). In addition, the size of Virginia's QMHP workforce has also declined by 3% (8,799 vs. 9,074), and the number of FTEs provided by this workforce has declined by approximately 1% (7,945 vs. 7,984). Virginia's renewing QMHPs are equally likely to respond to this survey (96%).

The percentage of all QMHPs who are female has increased (79% vs. 78%), and this is also the case among those QMHPs who are under the age of 40 (82% vs. 81%). At the same time, the median age of this workforce has increased (45 vs. 44). Although the overall diversity index of Virginia's QMHP workforce has not changed (56%), it has increased slightly among those QMHPs who are under the age of 40 (58% vs. 57%).

QMHPs are slightly more likely to work less than 30 hours per week (11% vs. 10%) than between 40 and 49 hours per week (55% vs. 57%). At the same time, QMHPs are also slightly less likely to hold two more positions simultaneously (23% vs. 24%). In addition, QMHPs are more likely to have experienced both underemployment (8% vs. 7%) and involuntary unemployment (2% vs. 1%). Meanwhile, QMHPs are more likely to have worked at their primary work location for more than two years (66% vs. 64%). The median annual income of Virginia's QMHP workforce has not changed (\$50k-\$60k). There has also been no change in the percentage of QMHPs who indicated that they are satisfied with their current work situation (96%), although there has been a small decline in the percentage of QMHPs who indicated that they are "very satisfied" (66% vs. 67%).

A Closer Look:

Registrants		
Status	#	%
Renewing Practitioners	6,944	75%
New Registrants	567	6%
Non-Renewals	1,732	19%
All Registrants	9,243	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing QMHPs, 96% submitted a survey. These represent 75% of the 9,243 QMHPs who were registered at some point during the survey period.

Definitions

- The Survey Period:** The survey was conducted in June 2026.
- Target Population:** All QMHPs who held a Virginia registration at some point between July 2025 and June 2026.
- Survey Population:** The survey was available to QMHPs who renewed their registration online. It was not available to those who did not renew, including QMHPs newly registered in 2026.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	339	512	60%
30 to 34	304	704	70%
35 to 39	343	911	73%
40 to 44	325	1,045	76%
45 to 49	265	1,038	80%
50 to 54	210	858	80%
55 to 59	230	774	77%
60 and Over	332	1,053	76%
Total	2,348	6,895	75%
New Registrations			
Issued in Past Year	363	204	36%
Metro Status			
Non-Metro	362	1,208	77%
Metro	1,796	5,204	74%
Not in Virginia	190	483	72%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	6,895
Response Rate, All Registrants	75%
Response Rate, Renewals	96%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Registered QMHPs

Number: 9,243
 New: 6%
 Not Renewed: 19%

Response Rates

All Registrants: 75%
 Renewing Practitioners: 96%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's QMHP Workforce: 8,799
FTEs: 7,945

Utilization Ratios

QMHPs in VA Workforce: 95%
QMHPs per FTE: 1.16
Workers per FTE: 1.11

Source: Va. Healthcare Workforce Data Center

Definitions

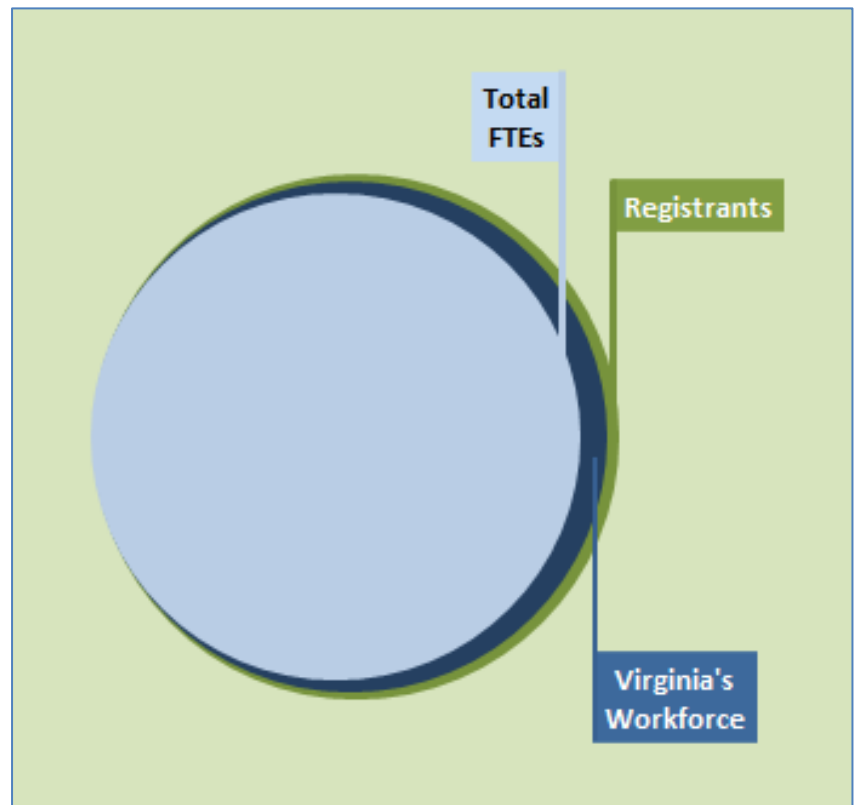
1. **Virginia's Workforce:** A practitioner with a primary or secondary work site in Virginia at any time in the past year. It does not include those who intend to return to Virginia's workforce at any point in the future.
2. **Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **QMHPs in VA Workforce:** The proportion of registrants in Virginia's workforce.
4. **QMHPs per FTE:** An indication of the number of registrants needed to create 1 FTE. Higher numbers indicate lower registrant participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's QMHP Workforce

Status	#
Virginia's Workforce	8,799
Total FTEs	7,945
Registered QMHPs	9,243

Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>



Source: Va. Healthcare Workforce Data Center

Registrants Not in Virginia's Workforce

Only 5% of Virginia's registrants did not participate in the state's QMHP workforce during the past year. Among these QMHPs, 61% worked at some point in the past year, including 36% who currently work as a QMHP.

At a Glance:

Not in VA Workforce

Total:	444
% of Registrants:	5%
Va. Border State/DC:	24%
Median Age:	48

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree				
Degree	Not in Workforce		In Workforce	
	#	%	#	%
Psychology	106	29%	2,254	29%
Counseling	75	20%	1,373	17%
Social Work	52	14%	1,134	14%
Sociology	20	5%	480	6%
Criminal Justice	9	3%	333	4%
Other	106	29%	2,303	29%
Total	368	100%	7,877	100%

Source: Va. Healthcare Workforce Data Center

Psychology, counseling, and social work degrees are the most commonly held degrees among QMHPs in and not in the workforce.

Aside from their QMHP certification, QMHPs not in Virginia's workforce are slightly more likely to hold another license, certification, or registration from the Boards Counseling, Psychology, or Social Work.

Another Behavioral Science License, Certification, or Registration

	Not in Workforce		In Workforce	
	#	%	#	%
No	184	82%	5,473	83%
Yes	41	18%	1,126	17%
Total	225	100%	6,599	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	113	15%	663	85%	776	10%
30 to 34	170	19%	713	81%	884	11%
35 to 39	219	20%	855	80%	1,075	14%
40 to 44	229	20%	938	80%	1,167	15%
45 to 49	243	22%	871	78%	1,115	14%
50 to 54	212	23%	712	77%	924	12%
55 to 59	216	25%	647	75%	863	11%
60 and Over	284	26%	799	74%	1,083	14%
Total	1,688	21%	6,198	79%	7,886	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	QMHPs		QMHPs Under 40	
	%	#	%	#	%
White	58%	2,664	35%	920	34%
Black	19%	4,350	57%	1,462	55%
Asian	7%	74	1%	31	1%
Other Race	0%	68	1%	11	0%
Two or More Races	3%	219	3%	102	4%
Hispanic	12%	295	4%	143	5%
Total	100%	7,670	100%	2,669	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2024.

Source: Va. Healthcare Workforce Data Center

More than one-third of all QMHPs are under the age of 40, and 82% of QMHPs who are under the age of 40 are female. In addition, the diversity index among QMHPs who are under the age of 40 is 58%.

At a Glance:

Gender

% Female: 79%
% Under 40 Female: 82%

Age

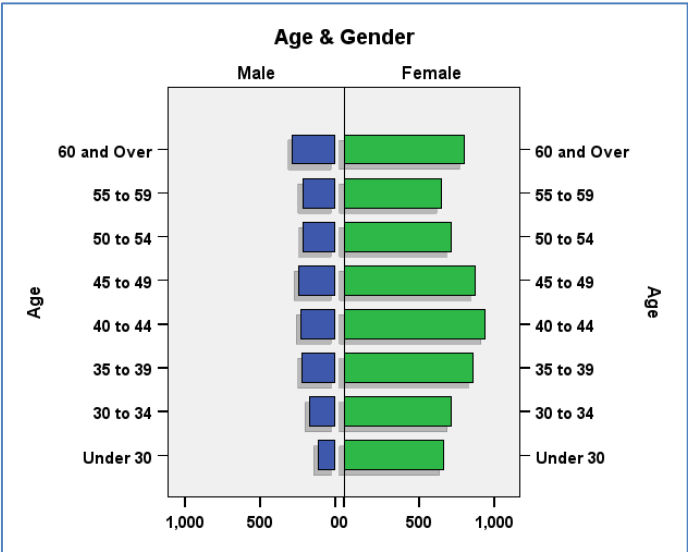
Median Age: 45
% Under 40: 35%
% 55 and Over: 25%

Diversity

Diversity Index: 56%
Under 40 Div. Index: 58%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two QMHPs, there is a 56% chance that they would be of different races or ethnicities, a measure known as the diversity index. For Virginia's population as a whole, the comparable diversity index is 60%.



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Education Level		
Degree	#	%
Some High School	0	0%
High School/GED	40	1%
Some College	145	2%
Associate	139	2%
Bachelor's Degree	4,099	52%
Master's Degree	3,331	42%
Doctor of Psychology	33	0%
Other Doctorate/PhD	164	2%
Total	7,950	100%

Source: Va. Healthcare Workforce Data Center

More than half of all QMHPs have a baccalaureate degree as their highest degree. Another 42% of QMHPs have a master's degree as their highest degree.

At a Glance:

Education

Baccalaureate: 52%

Masters: 42%

Professional Degree

Psychology: 29%

Counseling: 17%

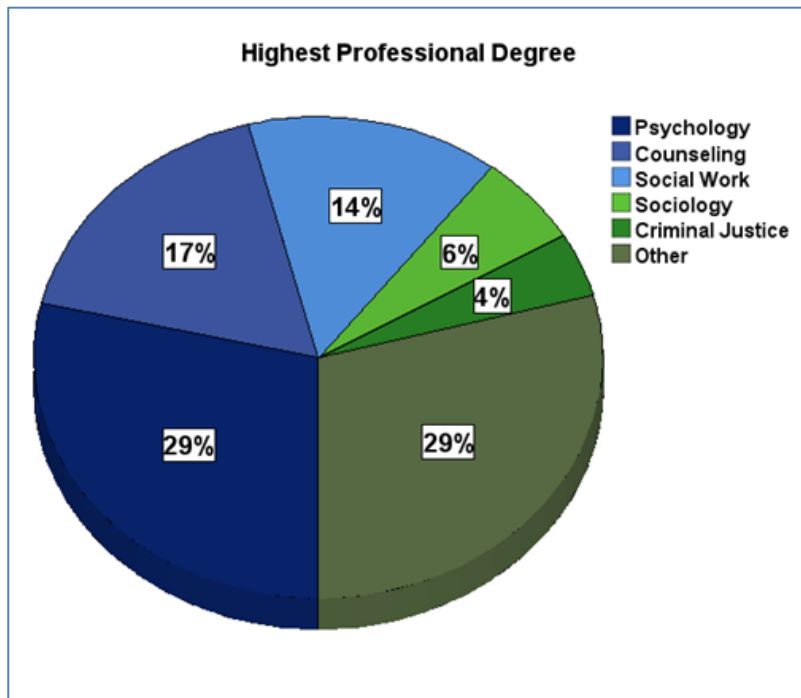
Social Work: 14%

Source: Va. Healthcare Workforce Data Center

Highest Professional Degree		
Degree	#	%
Psychology	2,254	29%
Counseling	1,373	17%
Social Work	1,134	14%
Sociology	480	6%
Criminal Justice	333	4%
Other	2,303	29%
Total	7,877	100%

Source: Va. Healthcare Workforce Data Center

Nearly three out of every ten QMHPs hold their highest professional degree in psychology. Another 17% of QMHPs hold their highest professional degree in counseling.



Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

Registration

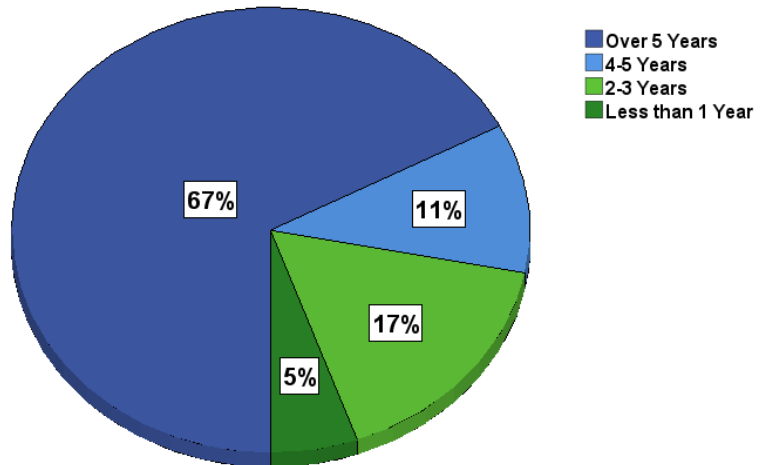
Additional Registration: 17%
Awaiting Application: 14%

Registration Duration

Less than 1 Year: 5%
More than 5 Years: 67%

Source: Va. Healthcare Workforce Data Center

Registration Duration



Source: Va. Healthcare Workforce Data Center

QMHP Registration Duration

Time Period	#	%
Less than 1 Year	425	5%
2-3 Years	1,299	17%
4-5 Years	854	11%
More than 5 Years	5,281	67%
Total	7,859	100%

Source: Va. Healthcare Workforce Data Center

Two out of every three QMHPs have held their QMHP registration for more than five years.

Among all QMHPs, 14% are registered as a QMHP in order to work while awaiting their application for registration as a Resident in Counseling or as a Supervisee in Social Work.

Awaiting Registration Application

Response	#	%
Yes	887	14%
No	5,632	86%
Total	6,519	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Licensure Eligibility		
License	#	% of Workforce
Licensed Professional Counselor	1,821	21%
Licensed Clinical Social Worker	888	10%
Licensed Psychological Practitioner	62	1%
Licensed Clinical Psychologist	47	1%
Total	2,818	32%

Source: Va. Healthcare Workforce Data Center

Nearly one out of every three QMHPs in Virginia's workforce are eligible for licensure, including 21% who are eligible to become LPCs.

At a Glance:

Licensure

Eligible for Licensure: 32%

Temporary Registration: 11%

Licensure Timeframe

Median Yrs. to Licensure: 1-3

Source: Va. Healthcare Workforce Data Center

Years to Licensure		
Years	#	%
Less than 1 Year	416	16%
1-3 Years	1,147	45%
3-6 Years	710	28%
6-10 Years	120	5%
More than 10 Years	167	7%
Total	2,560	100%

Source: Va. Healthcare Workforce Data Center

Among QMHPs who are not eligible, 44% reported additional education needed as the reason for not being eligible for licensure.

Top 5 Reasons for Not Being Eligible for Licensure		
Reason	#	%
Additional Education Required	1,173	44%
Not Pursing Licensure	413	15%
Degree is not License Eligible	285	11%
Currently Pursing Education	238	9%
Pursuing Other Career Path	165	6%
Other	390	15%
Total	2,664	100%

Source: Va. Healthcare Workforce Data Center

More than one out of every ten QMHPs are registered temporarily in order to bill for services while they pursue licensure.

Temporary Registration		
Response	#	%
Yes	829	11%
No	7,046	89%
Total	7,875	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 91%
Involuntarily Unemployed: < 1%

Positions Held

1 Full-Time: 65%
2 or More Positions: 23%

Weekly Hours:

40 to 49: 55%
60 or More: 7%
Less than 30: 11%

Source: Va. Healthcare Workforce Data Center

Among all QMHPs, 91% are currently employed in the profession, 65% hold one full-time job, and 55% work between 40 and 49 hours per week.

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	52	1%
Employee of a Provider Licensed by the Department of Behavioral Health and Developmental Services (DBHDS)	3,931	50%
Employee of the DBHDS	770	10%
Employee of the Department of Corrections (DOC)	148	2%
Independent Contractor for Provider Licensed by DBHDS	527	7%
Independent Contractor of DBHDS	154	2%
Independent Contractor for DOC	28	< 1%
Employed in a Behavioral Sciences Related Capacity, Specific Designation Unknown	1,582	20%
Employed, NOT in a Behavioral Sciences Related Capacity	491	6%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	28	< 1%
Voluntarily Unemployed	43	1%
Retired	29	< 1%
Other	40	1%
Total	7,821	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	100	1%
One Part-Time Position	822	11%
Two Part-Time Positions	253	3%
One Full-Time Position	4,951	65%
One Full-Time Position & One Part-Time Position	1,328	17%
Two Full-Time Positions	93	1%
More than Two Positions	112	1%
Total	7,659	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	100	1%
1 to 9 Hours	143	2%
10 to 19 Hours	308	4%
20 to 29 Hours	411	5%
30 to 39 Hours	1,147	15%
40 to 49 Hours	4,229	55%
50 to 59 Hours	788	10%
60 to 69 Hours	314	4%
70 to 79 Hours	93	1%
80 or More Hours	110	1%
Total	7,643	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	101	2%
Less than \$10,000	242	4%
\$10,000-\$19,999	271	4%
\$20,000-\$29,999	320	5%
\$30,000-\$39,999	482	7%
\$40,000-\$49,999	1,079	16%
\$50,000-\$59,999	1,451	21%
\$60,000-\$69,999	1,200	17%
\$70,000-\$79,999	766	11%
\$80,000-\$89,999	496	7%
\$90,000-\$99,999	244	4%
\$100,000 or More	308	4%
Total	6,957	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: \$50k-\$60k

Satisfaction

Satisfied: 96%

Very Satisfied: 66%

Source: Va. Healthcare Workforce Data Center

The typical QMHP earns between \$50,000 and \$60,000 per year. Among all QMHPs, 96% are satisfied with their current employment situation, including 66% who indicated that they are "very satisfied."

Job Satisfaction		
Level	#	%
Very Satisfied	5,023	66%
Somewhat Satisfied	2,323	30%
Somewhat Dissatisfied	234	3%
Very Dissatisfied	85	1%
Total	7,665	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In the Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	160	2%
Experience Voluntary Unemployment?	227	3%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	661	8%
Work Two or More Positions at the Same Time?	2,323	26%
Switch Employers or Practices?	585	7%
Experience at Least One?	3,203	36%

Source: Va. Healthcare Workforce Data Center

Only 2% of Virginia’s QMHPs experienced involuntary unemployment at some point during the past year. By comparison, Virginia’s average monthly unemployment rate was 3.7% during the same time period.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	160	2%	105	4%
Less than 6 Months	379	5%	256	11%
6 Months to 1 Year	608	8%	275	11%
1 to 2 Years	1,440	19%	537	22%
3 to 5 Years	2,270	30%	624	26%
6 to 10 Years	1,252	16%	326	13%
More than 10 Years	1,506	20%	311	13%
Subtotal	7,615	100%	2,434	100%
Did Not Have Location	34		6,197	
Item Missing	1,150		168	
Total	8,799		8,799	

Source: Va. Healthcare Workforce Data Center

One-half of all QMHPs are salaried employees, while 43% receive an hourly wage.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 2%
Underemployed: 8%

Turnover & Tenure

Switched Jobs: 7%
New Location: 20%
Over 2 Years: 66%
Over 2 Yrs., 2nd Location: 52%

Employment Type

Salary/Commission: 50%
Hourly Wage: 43%

Source: Va. Healthcare Workforce Data Center

Two out of every three QMHPs have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Salary/Commission	2,897	50%
Hourly Wage	2,485	43%
By Contract	336	6%
Business/Practice Income	48	1%
Unpaid	49	1%
Subtotal	5,815	100%
Did Not Have Location	34	
Item Missing	2,950	

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 3.4% and a high of 3.9%. At the time of publication, the unemployment rate for June 2026 was still preliminary.

At a Glance:

Concentration

Top Region:	30%
Top 3 Regions:	68%
Lowest Region:	2%

Locations

2 or More (Past Year):	34%
2 or More (Now*):	31%

Source: Va. Healthcare Workforce Data Center

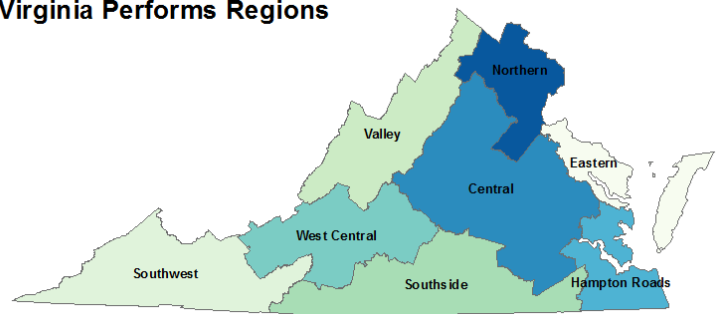
More than two out of every three QMHPs in the state work in Central Virginia, Hampton Roads, or Northern Virginia.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	2,299	30%	868	34%
Eastern	168	2%	70	3%
Hampton Roads	1,982	26%	725	29%
Northern	903	12%	254	10%
Southside	621	8%	176	7%
Southwest	568	7%	117	5%
Valley	311	4%	77	3%
West Central	729	10%	210	8%
Virginia Border State/D.C.	18	0%	14	1%
Other U.S. State	9	0%	20	1%
Outside of the U.S.	0	0%	0	0%
Total	7,608	100%	2,531	100%
Item Missing	1,156		72	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

Among all QMHPs, 31% currently have multiple work locations, while 34% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	0	0%	133	2%
1	5,033	66%	5,114	67%
2	1,051	14%	1,097	14%
3	1,314	17%	1,167	15%
4	83	1%	47	1%
5	36	1%	20	0%
6 or More	100	1%	40	1%
Total	7,618	100%	7,618	100%

*At the time of survey completion, June 2026.

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

Patient Care: 70%-79%
Administration: 10%-19%
Supervisory: 1%-9%

Roles

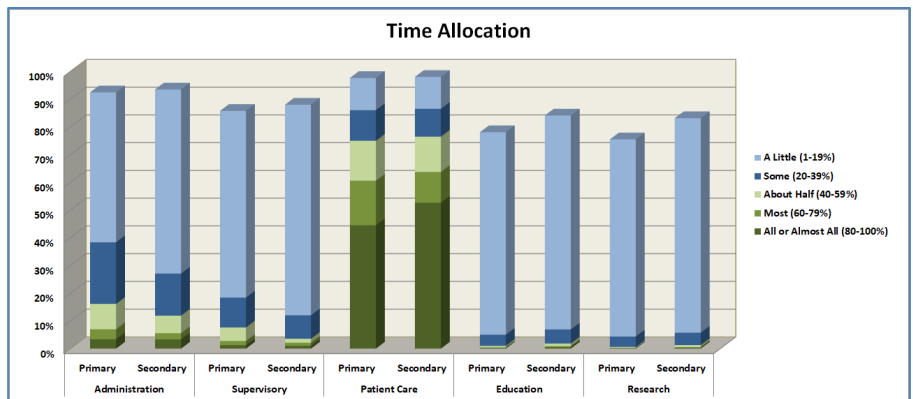
Patient Care: 61%
Administration: 7%
Supervisory: 3%

Patient Care QMHPs

Median Admin. Time: 1%-9%
Avg. Admin. Time: 10%-19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

QMHPs spend approximately three-quarters of their time treating patients. In fact, 61% of all QMHPs fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation										
Time Spent	Admin.		Supervisory		Patient Care		Education		Research	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	3%	3%	1%	1%	44%	53%	0%	1%	0%	0%
Most (60-79%)	4%	2%	2%	1%	16%	11%	0%	0%	0%	0%
About Half (40-59%)	9%	6%	5%	1%	14%	13%	1%	1%	0%	1%
Some (20-39%)	22%	15%	11%	8%	11%	10%	4%	5%	4%	4%
A Little (1-19%)	54%	66%	67%	76%	12%	11%	73%	77%	71%	77%
None (0%)	8%	7%	14%	12%	2%	2%	22%	16%	25%	17%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Patients Per Week				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	716	10%	223	10%
1-4	1,940	28%	1,117	49%
5-9	1,723	25%	421	19%
10-14	1,017	15%	216	10%
15-29	895	13%	166	7%
30-44	322	5%	65	3%
45-60	162	2%	31	1%
60 or More	165	2%	32	1%
Total	6,941	100%	2,272	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Weekly Patients Totals

(Median)

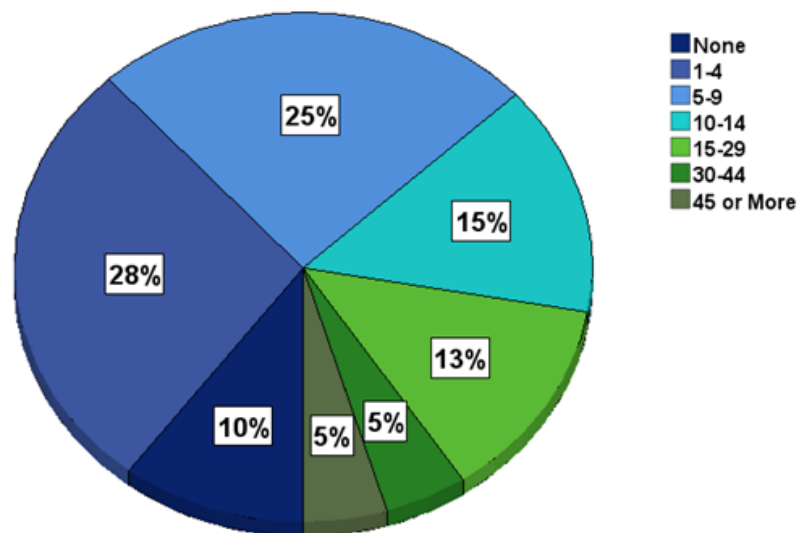
Primary Location: 5-9

Secondary Location: 1-4

Source: Va. Healthcare Workforce Data Center

The median patient workload for QMHPs at their primary work location is between 5 and 9 patients per week. For QMHPs who also have a secondary work location, their median patient workload is between 1 and 4 patients per week.

Patients Per Week, Primary Work Site



Source: Va. Healthcare Workforce Data Center

At a Glance:

Duties Performed

Care Coordination:	61%
Client Education:	59%
Interventions:	55%

Supervisor Credentials

LPC:	37%
LCSW:	32%
LCP:	3%

Source: Va. Healthcare Workforce Data Center

More than three out of every four QMHPs in Virginia's workforce perform at least one duty independently, including 61% who coordinate care.

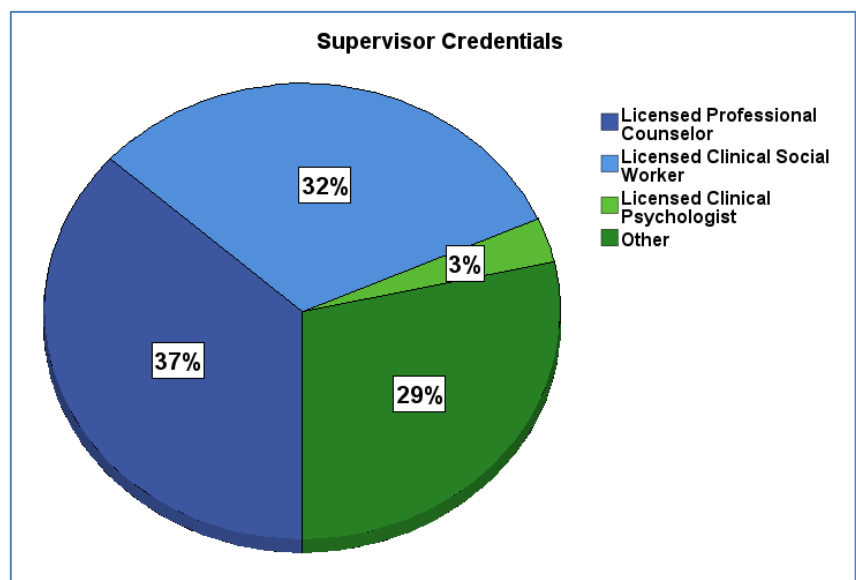
A Closer Look:

Independent Duties Performed		
Duty	#	% of Workforce
Care Coordination	5,377	61%
Client Education	5,227	59%
Implementing Interventions	4,852	55%
Case Management	4,529	51%
Record Keeping	4,369	50%
Initiating Crisis De-Escalation	4,322	49%
Mental Health Skill Building	4,276	49%
Psychosocial Skills Development	4,020	46%
Prevention	3,994	45%
Intake	3,093	35%
Orientation	2,813	32%
Assessment	2,599	30%
Screening	2,523	29%
Treatment	2,134	24%
Diagnosis	646	7%
At Least One Duty	6,749	77%

Source: Va. Healthcare Workforce Data Center

Supervisor Credential		
Credential	#	%
Licensed Professional Counselor	2,550	37%
Licensed Clinical Social Worker	2,197	32%
Licensed Clinical Psychologist	219	3%
Other	1,985	29%
Total	6,951	100%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Continuing Education		
Response	#	%
Yes	3,235	46%
No	3,730	54%
Total	6,965	100%

Source: Va. Healthcare Workforce Data Center

Nearly half of all QMHPs plan on continuing their education or registering as a resident in counseling or as a supervisee in social work in the future. Additionally, the median number of years to supervision is between 1 and 3.

At a Glance:

Counseling/Social Work

% Continuing Education: 46%
Median Yrs. to Supervision: 1-3

Licensure Eligibility

% Not Pursuing Licensure but Eligible: 12%
% with No Desire for Licensure: 59%

Source: Va. Healthcare Workforce Data Center

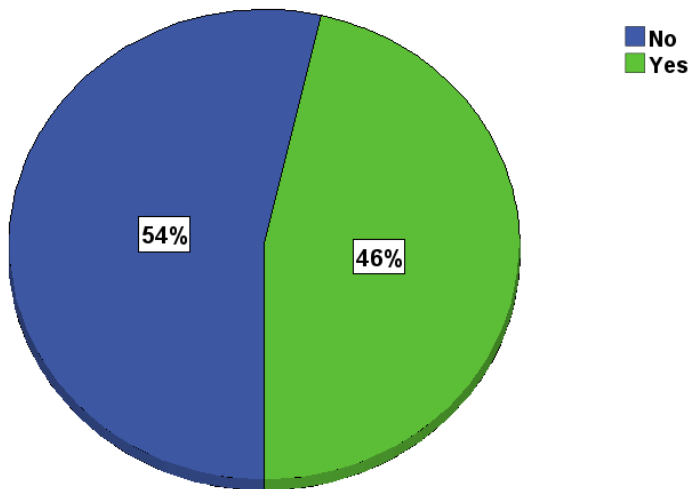
Years to Application for Supervision

Years	#	%
Less than 1 Year	675	22%
1-3 Years	1,382	45%
3-6 Years	886	29%
6-10 Years	105	3%
More than 10 Years	36	1%
Total	3,084	100%

Source: Va. Healthcare Workforce Data Center

Among the 12% of QMHPs who are eligible for licensure but are not planning to continue their education or register as a resident in counseling or as a supervisee in social work, 59% are not pursuing licensure because they have no desire to become licensed.

Continuing Education for Future Licensure



Source: Va. Healthcare Workforce Data Center

Licensure Eligibility for QMHPs Not Seeking Licensure

Response	#	%
Yes	363	12%
No	2,603	88%
Total	2,966	100%

Source: Va. Healthcare Workforce Data Center

Reason for Not Pursuing Licensure

Reason	#	%
No Desire to Become Licensed	188	59%
Incomplete Supervision Hours (Other Reasons)	16	5%
Ineligible Degree	13	4%
Incomplete Supervision Hours (Lack of Staff)	5	2%
Other	98	31%
Total	320	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

FTEs

Total: 7,945
FTEs/1,000 Residents²: 0.902
Average: 0.91

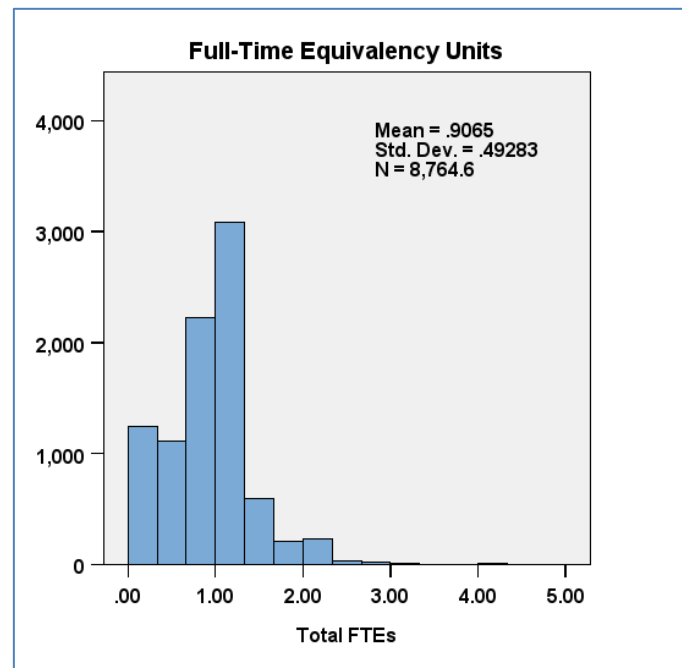
Age & Gender Effect

Age, *Partial Eta*²: Small
Gender, *Partial Eta*²: None

*Partial Eta*² Explained:
*Partial Eta*² is a statistical
measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

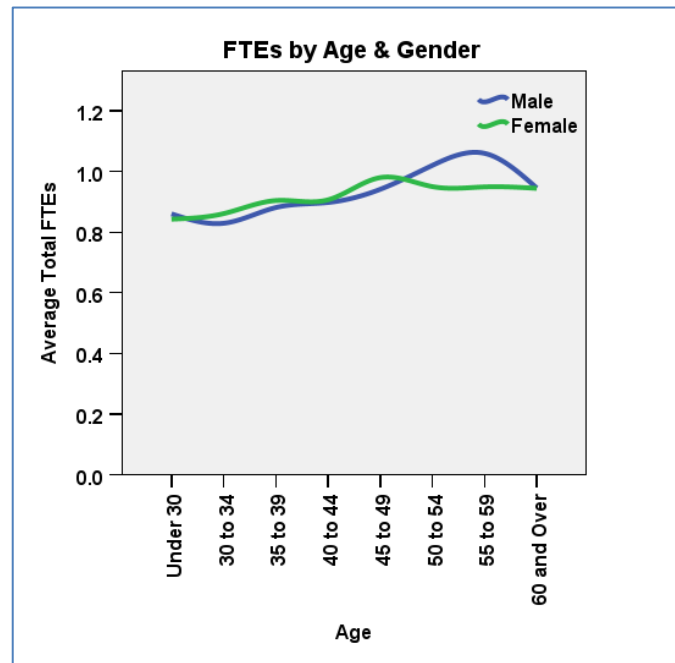


Source: Va. Healthcare Workforce Data Center

The typical (median) QMHP provided 0.96 FTEs over the past year, or approximately 38 hours per week for 50 weeks. Although FTEs appear to vary by age, statistical tests did not verify that a difference exists.³

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.82	0.93
30 to 34	0.86	0.85
35 to 39	0.92	1.05
40 to 44	0.86	0.96
45 to 49	0.97	1.01
50 to 54	0.95	0.96
55 to 59	0.94	0.97
60 and Over	0.91	0.91
Gender		
Male	0.94	1.01
Female	0.92	0.99

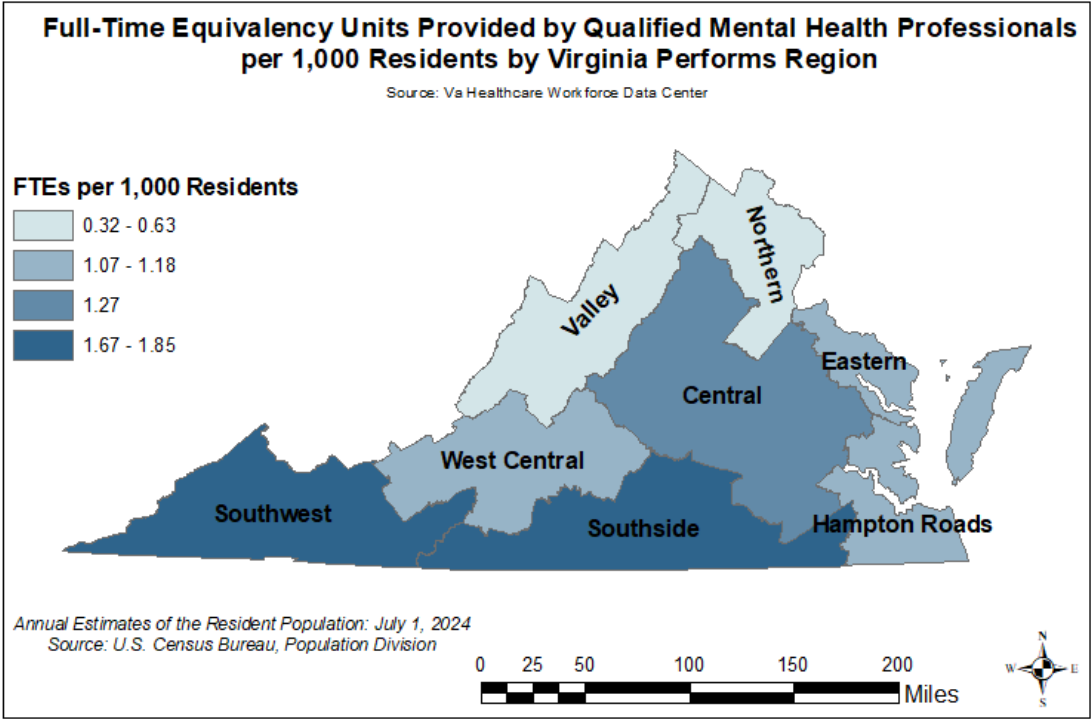
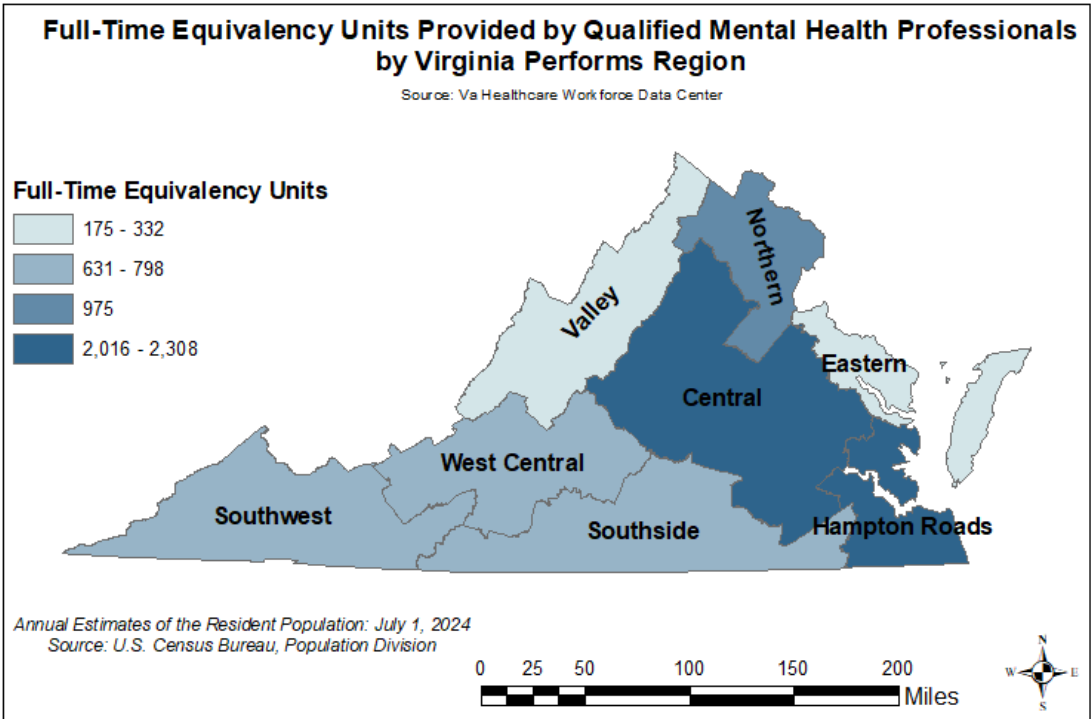
Source: Va. Healthcare Workforce Data Center

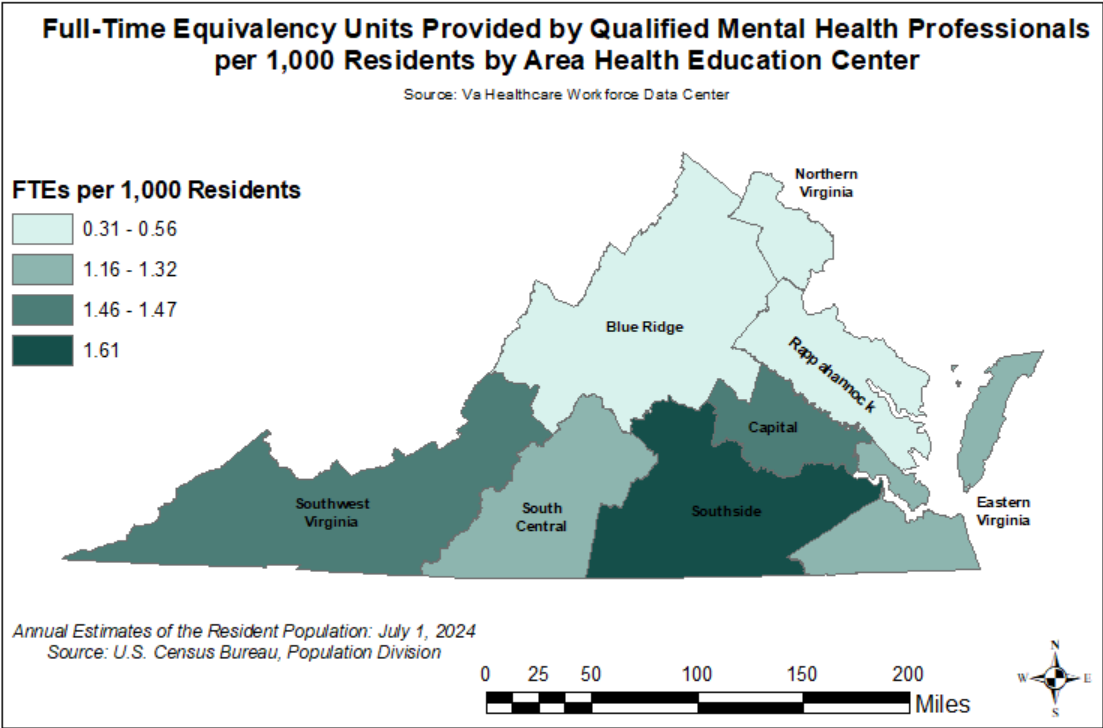
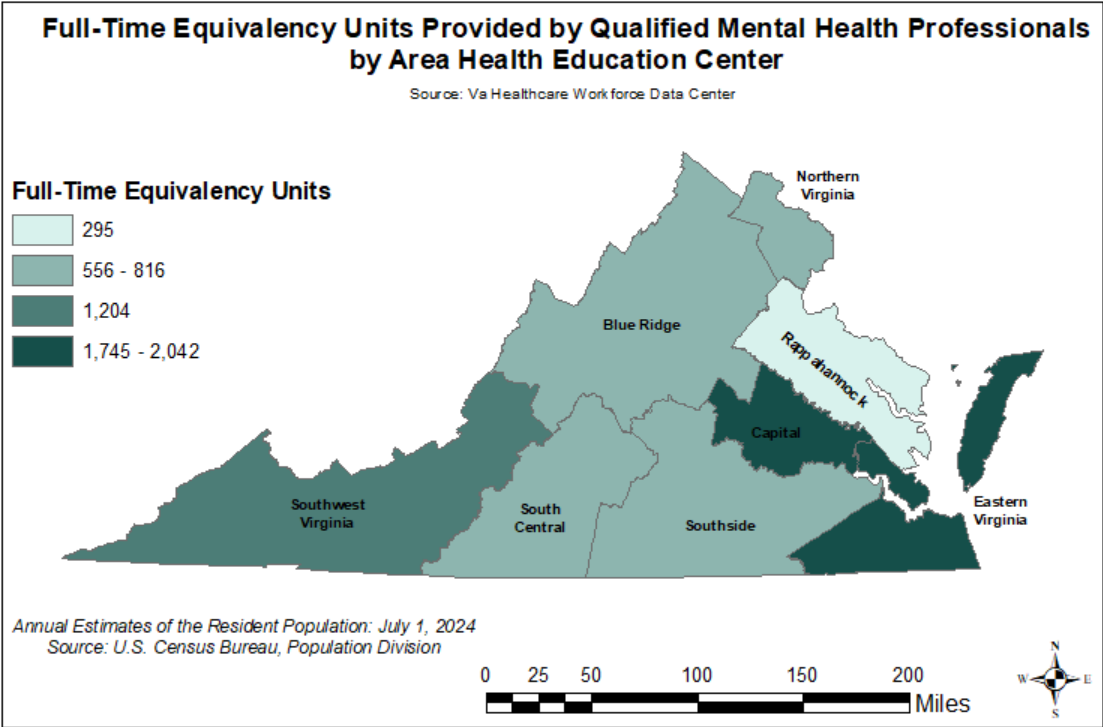


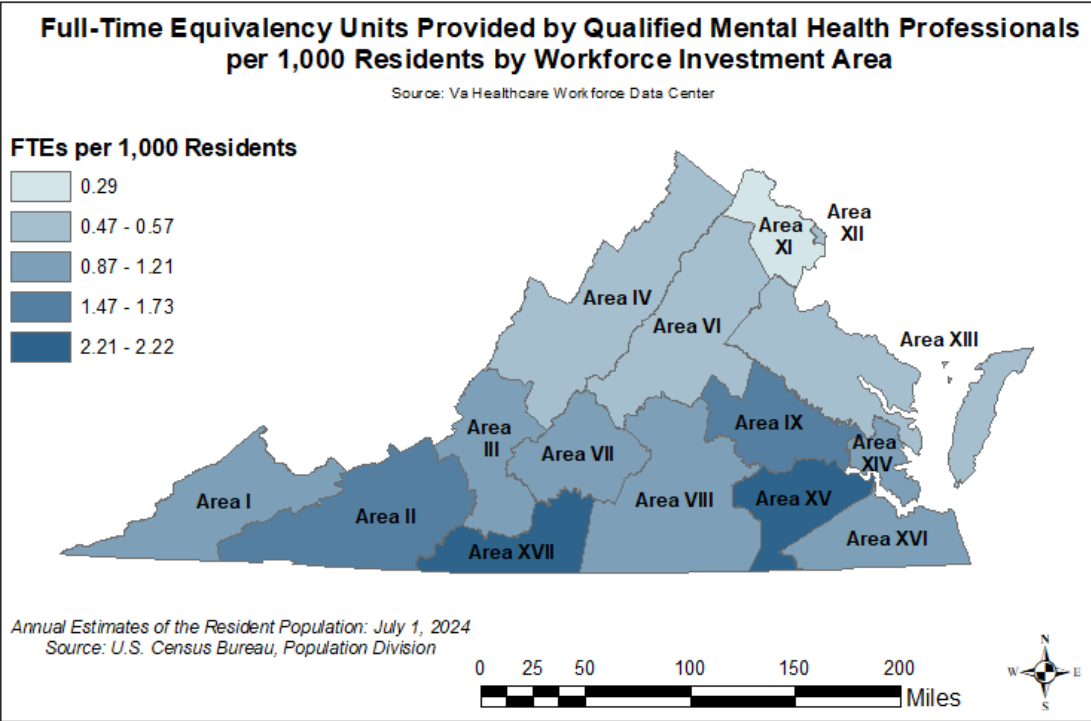
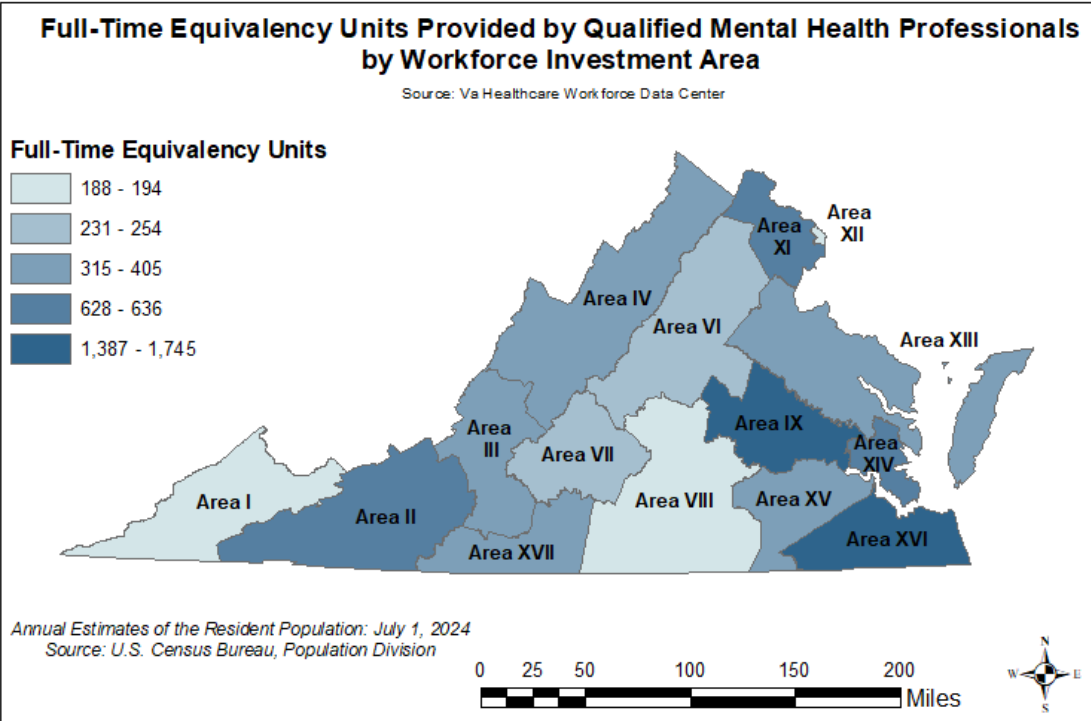
Source: Va. Healthcare Workforce Data Center

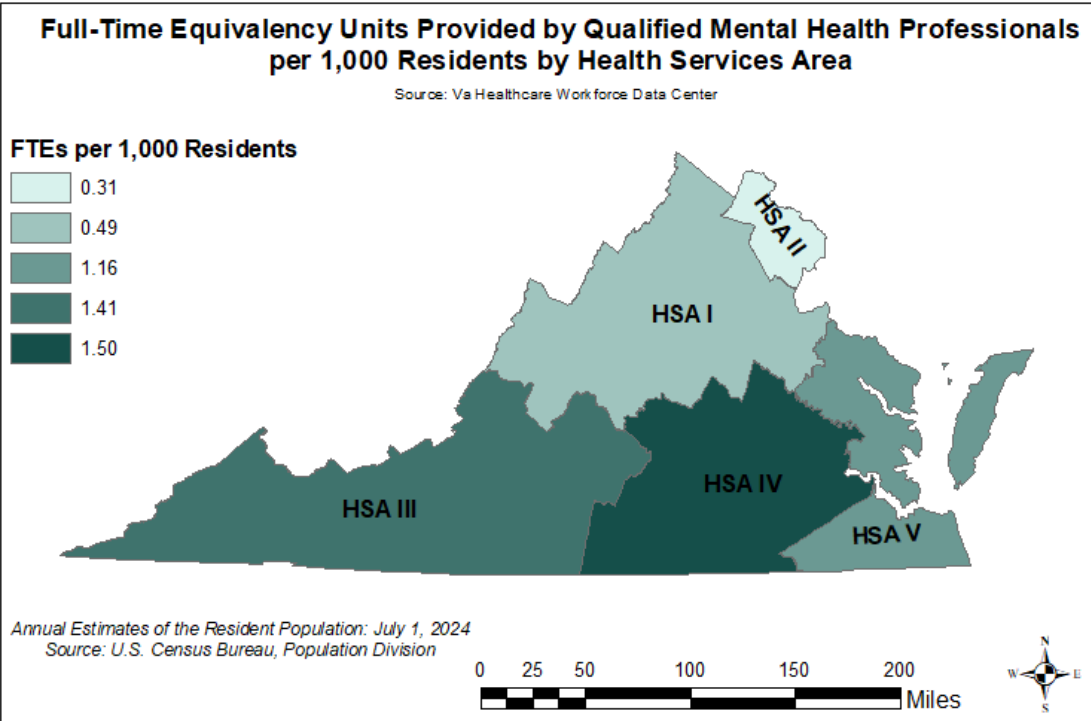
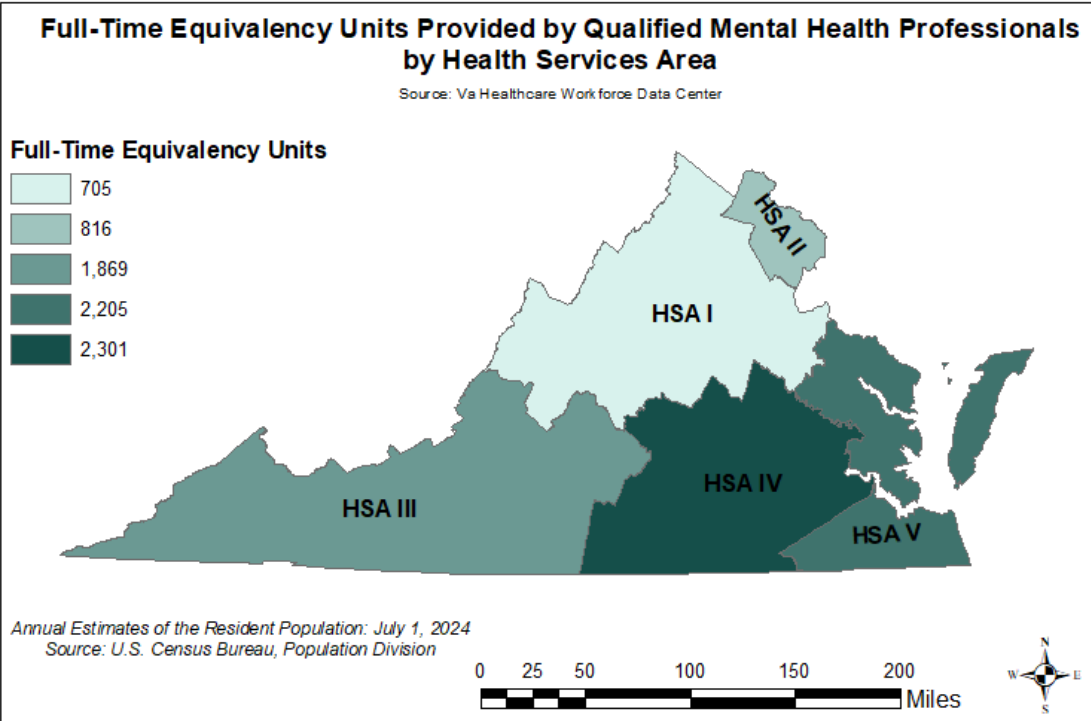
² Number of residents in 2024 was used as the denominator.

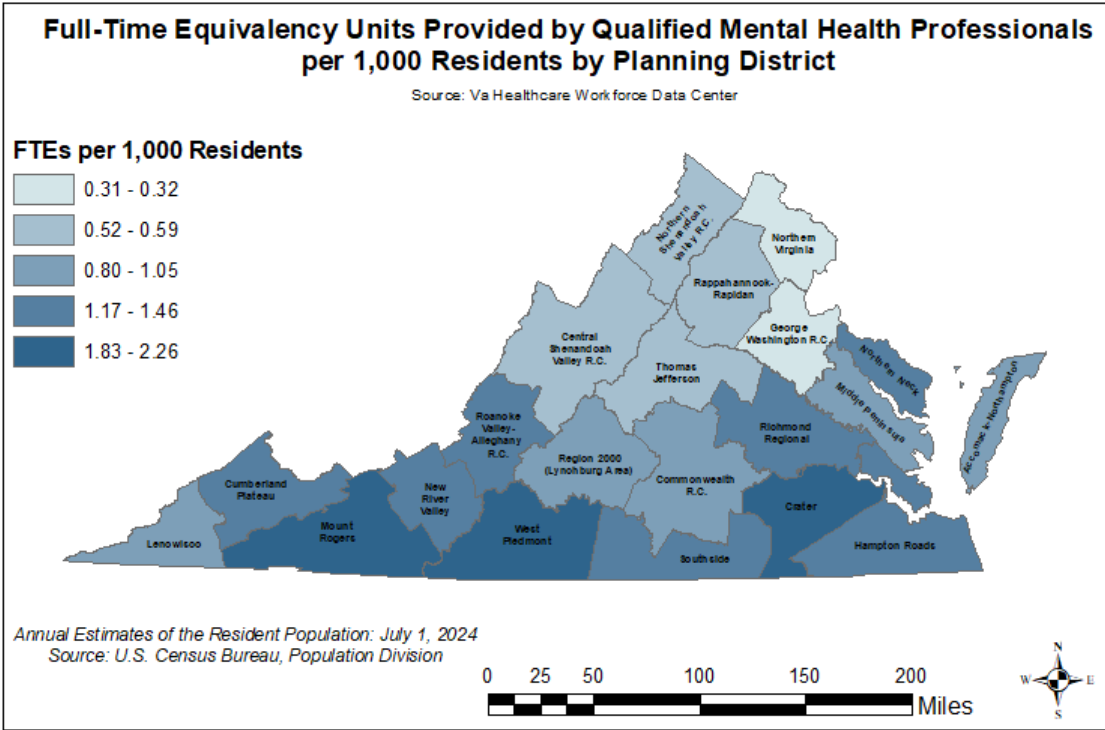
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	5,629	73.94%	1.352	1.256	1.677
Metro, 250,000 to 1 Million	747	76.31%	1.311	1.217	1.625
Metro, 250,000 or Less	624	75.64%	1.322	1.228	1.639
Urban, Pop. 20,000+, Metro Adj.	357	77.59%	1.289	1.197	1.598
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	529	74.86%	1.336	1.240	1.656
Urban, Pop. 2,500-19,999, Non-Adj.	377	78.51%	1.274	1.183	1.579
Rural, Metro Adj.	199	80.90%	1.236	1.148	1.533
Rural, Non-Adj.	108	72.22%	1.385	1.286	1.717
Virginia Border State/D.C.	515	73.20%	1.366	1.268	1.694
Other U.S. State	158	67.09%	1.491	1.384	1.848

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	851	60.16%	1.662	1.533	1.848
30 to 34	1,008	69.84%	1.432	1.320	1.592
35 to 39	1,254	72.65%	1.377	1.269	1.531
40 to 44	1,370	76.28%	1.311	1.209	1.458
45 to 49	1,303	79.66%	1.255	1.157	1.396
50 to 54	1,068	80.34%	1.245	1.148	1.384
55 to 59	1,004	77.09%	1.297	1.196	1.442
60 and Over	1,385	76.03%	1.315	1.213	1.462

Source: Va. Healthcare Workforce Data Center

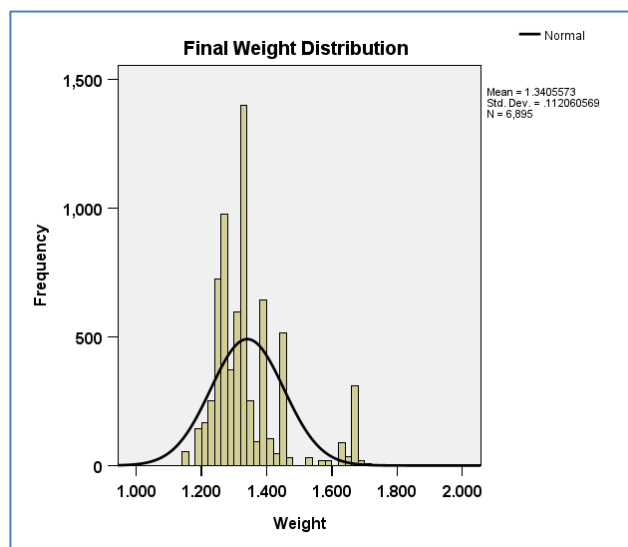
See the Methods section on the HWDC website for details on HWDC methods:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate
= Final Weight.

Overall Response Rate: 0.745970



Source: Va. Healthcare Workforce Data Center

VIRGINIA BOARD OF COUNSELING BYLAWS

ARTICLE I: AUTHORIZATION

A. Statutory Authority

The Virginia Board of Counseling ("Board") is established and operates pursuant to §§ 54.1-2400 and 54.1-3500, et seq., of the *Code of Virginia*. Regulations promulgated by the Virginia Board of Counseling may be found in 18VAC115-20-10 et seq., "Regulations Governing the Practice of Professional Counseling"; 18-VAC 115-30-10 et seq., "Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants"; 18VAC115-40-10 et seq., "Regulations Governing the Certification of Rehabilitation Providers"; 18VAC115-50-10 et seq., "Regulations Governing the Practice of Marriage and Family Therapy"; 18VAC115-60-10 et seq., "Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners"; 18VAC115-70-10 et seq., "Regulations Governing the Registration of Peer Recovery Specialists"; 18VAC115-80-10 et seq., "Emergency Regulations Governing the Practice Registration of Qualified Mental Health Professionals (QMHP)"; ~~and 18VAC115-70-10 et seq., "Emergency Regulations Governing the Practice of Registered Peer Recovery Specialists"~~ 18VAC115-90-10 et seq., "Regulations Governing the Practice of Art Therapy"; and 18VAC115-100-10 et seq., "Regulations Governing the Practice of Behavioral Health Technicians and Behavioral Health Technician Assistants".

B. Duties

The Virginia Board of Counseling is charged with promulgating and enforcing regulations governing the licensure and practice of professional counselors, marriage and family therapists, ~~and substance abuse treatment practitioners~~ and art therapists, ~~and the certification and practice of substance abuse counselors and rehabilitation providers in the Commonwealth of Virginia, and the registration of qualified mental health professionals~~ and registered peer recovery specialists, and behavioral health technicians. This includes ~~but is not limited to:~~ setting fees; creating requirements for and issuing licenses, certificates, or registrations; and setting and enforcing standards of practice ~~and implementing a system of disciplinary action~~.

C. Mission

To ensure the delivery of safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to healthcare practitioners and the public.

ARTICLE II: THE BOARD

A. Membership

1. The Board shall consist of twelve (12) members, appointed by the Governor as follows:
 - a. Ten (10) professionals licensed in Virginia, who shall represent the various specialties recognized in the profession. The licensed professionals shall be
 - i. Six (6) licensed professional counselors
 - ii. Three (3) licensed marriage and family therapists, and
 - iii. One (1) licensed substance abuse treatment practitioner
 - b. Two (2) shall be citizen members.

2. The terms of the members of the Board shall be four (4) years.
3. Members of the Board ~~of Counseling~~ holding a voting office in any related professional association or one that takes a policy position on the regulations of the Board shall abstain from voting on issues where there may be a conflict of interest present.

B. Officers

1. Officers of the Board shall consist of a Chairperson and a Vice-Chairperson.

1.2. The Chairperson or designee shall preserve order and conduct all proceedings according to parliamentary rules, the Virginia Freedom of Information Act, and the Administrative Process Act. Roberts Rules of Order will guide parliamentary procedure for the meetings. Except where specifically provided otherwise by ~~the~~ law or as otherwise ordered by the Board, the Chairperson shall appoint all committees, and shall sign as Chairperson to the certificates authorized to be signed by the Chairperson.

2.3. The Vice-Chairperson shall act as Chairperson in the absence of the Chairperson and assume the duties of Chairperson in the event of an unexpired term.

3.4. In the absences of the Chairperson and Vice-Chairperson, the Chairperson shall appoint another board member to preside at the meeting and/or formal administrative hearing.

C. Duties of Members

1. Each member shall participate in all matters before the Board.
2. Members shall attend all regular and special meetings of the Board unless prevented by illness or similar unavoidable cause. In the event of two (2) consecutive unexcused absences at any meeting of the Board or its committees, the Chairperson shall make a recommendation to the Director of the Department of Health Professions for referral to the Secretary of Health and Human Resources and Secretary of the Commonwealth.
- 2.3. The Governor may remove any Board member for cause, and the Governor shall be sole judge of the sufficiency of the cause for removal pursuant to § 2.2-108.

D. Election of Officers

1. All officers shall be elected for a term of two (2) years and may serve no more than two (2) consecutive terms in the same office.

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2. The election of officers shall occur at the first scheduled Board meeting ~~following July 1~~ of each odd ~~calendar~~ year, and elected officers shall assume their duties at the end of the meeting.
 - a. Officers shall be elected at a meeting of the Board with a quorum present.
 - b. The Chairperson shall ask for nominations from the floor by office.
 - c. Voting shall be by voice unless otherwise decided by a vote of the members present. The results shall be recorded in the minutes.
 - d. A simple majority shall prevail with the current Chairperson casting a vote only to break a tie.
 - e. Special elections to fill an unexpired term shall be held in the event of a vacancy of an officer at the subsequent Board meeting following the occurrence of an office being vacated.
 - f. The election shall occur in the following order: Chairperson, Vice-Chairperson.

E. Meetings

1. The full Board shall meet quarterly, unless a meeting is not required to conduct Board business.
2. Order of Business at Meetings:
 - a. Adoption of Agenda
 - b. Period of Public Comment
 - c. Approval of Minutes of preceding regular Board meeting and any called meeting since the last regular meeting of the Board.
 - d. Reports of Officers and staff
 - e. Reports of Committees
 - f. Election of Officers (as needed)
 - g. Unfinished Business
 - h. New Business
3. The order of business may be changed at any meeting by a majority vote.

ARTICLE III: COMMITTEES

A. Duties and Frequency of Meetings.

1. Members appointed to a committee shall faithfully perform the duties assigned to the committee.
2. All standing committees shall meet as necessary to conduct the business of the Board.

B. Standing Committees

Standing committees of the Board shall consist of the following:

Regulatory/Legislative Committee

Special Conference Committee

Credentials Committee

Any other Standing Committees created by the Board.

1. Regulatory/Legislative Committee

- a. The Chairperson of the Committee shall be appointed by the Chairperson of the Board.
- b. The Regulatory/Legislative Committee shall consist of at least two (2) Board members appointed by the Chairperson of the Committee
- c. The Committee shall consider all questions bearing upon state legislation and regulation governing the professions regulated by the Board.
- d. The Committee shall recommend to the Board changes in law and regulations as it may deem advisable and, at the direction of the Board, shall take such steps as may further the desire of the Board in matters of legislation and regulation.
- e. The Chairperson of the Committee shall submit proposed changes in applicable laws and regulations in writing to the Board prior to any scheduled meeting.

2. Special Conference Committee

- a. The Special Conference Committee shall:
 - i. consist of two (2) Board members.
 - ii. conduct informal conferences pursuant to [Virginia Code](#) §§ 2.2-4019, 2.2-4021, and 54.1-2400 ~~of the Code of Virginia~~ as necessary to adjudicate cases in a timely manner in accordance with the agency standards for case resolution.

- iii. hold informal conferences at the request of the applicant or licensee to determine if Board requirements have been met.
 - b. The Chairperson of the Board shall designate another board member as an alternate on this committee in the event one of the standing committee members becomes ill or is unable to attend a scheduled conference date.
 - c. Should the caseload increase to the level that additional special conference committees are needed, the Chairperson of the Board may appoint additional committees.
3. Credentials Committee
- a. The Credentials Committee shall consist of at least two (2) Board members appointed by the Chairperson of the Board, with the Chairperson of the Committee to be appointed by the Chairperson of the Board.
 - b. The members of the committee shall review non-routine licensure applications to determine the credentials of the applicant and the applicability of the statutes and regulations.
 - c. The Committee member who conducted the initial review shall provide guidance to staff on action to be taken.
 - d. The Credentials Committee shall not be required to meet collectively to conduct initial reviews.

ARTICLE IV: GENERAL DELEGATION OF AUTHORITY

The Board delegates the following functions:

1. The Executive Director shall be the custodian of all Board records. He/she shall preserve a correct list of all applicants and licensees, shall manage the correspondence of the Board, and shall perform all such other duties as naturally pertain to this position.
2. The Board delegates to Board staff the authority to issue and renew licenses or certificates and to approve supervision applications for which regulatory and statutory qualifications have been met. If there is basis, upon which the Board could refuse to issue or renew the license or certification or to deny the supervision application, the Executive Director may only issue a license, certificate, or registration upon consultation with a member of the Credentials Committee, or in accordance with delegated authority provided in a guidance document of the Board.
- ~~3.~~ The Board delegates to the Executive Director the authority to develop and approve any and all forms used in the daily operations of Board business, to include, but not be limited to, licensure, certification, and registration applications, renewal forms, and documents used in the disciplinary process.

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~~4.3.~~ The Board delegates to the Executive Director the authority to grant an accommodation of additional testing time or other requests for accommodation to candidates for Board-required examinations pursuant to the Americans with Disabilities Act, provided the candidate provide documentation that supports such an accommodation.

~~4.~~ The Board delegates to the Executive Director authority to grant an extension for good cause of up to one (1) year for the completion of continuing education requirements upon written request from the licensee or certificate holder prior to the renewal date.

~~5.~~

~~6.5.~~ The Board delegates to the Executive Director authority to grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee or certificate holder, such as temporary disability, mandatory military service, or officially declared disasters.

~~7.6.~~ The Board delegates to the Executive Director the authority to reinstate a license or certificate when the reinstatement is due to the lapse of the license or certificate rather than a disciplinary action and there is no basis upon which the Board could refuse to reinstate.

~~8.7.~~ The Board delegates to the Executive Director the authority to sign as entered any Order or Consent Order resulting from the disciplinary process or other administrative proceeding.

~~9.8.~~ The Board delegates to the Executive Director the authority to enter a Pre-Hearing Consent Order for Indefinite Suspension or revocation of a license, certificate, or registration.

~~10.9.~~ The Board delegates to the Executive Director, who may consult with a Special Conference Committee member, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary.

~~11.10.~~ The Board delegates authority to the Executive Director to close non-jurisdictional cases and fee dispute cases without review by a Board member.

~~12.11.~~ The Board delegates to the Executive Director the authority to determine if there is probable cause to initiate proceedings or action on behalf of the Board of Counseling, including the authority to close a case if staff determines probable cause does not exist, the conduct does not rise to the level of disciplinary action by the Board, or the Board does not have jurisdiction.

~~13.12.~~ The Board delegates to the Executive Director the authority to review alleged violations of law or regulations with a Special Conference Committee member to make a determination as to whether

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~~Guidance document: 115-1.2~~

~~Revision effective: July 25, 2019~~

probable cause exists to proceed with possible disciplinary action.

~~14-13.~~ The Board delegates to the Executive Director the authority to assign the determination of probable cause for disciplinary action to a board member, or the staff counseling review coordinator in consultation with board staff, who may offer a confidential consent agreement, offer a pre-hearing consent order, cause the scheduling of an informal conference, request additional information, or close the case.

~~15-14.~~ In accordance with established Board guidance documents, the Board delegates to the Executive Director the determination of probable cause, for the purpose of offering a confidential consent agreement, a pre-hearing consent order, or for scheduling an informal conference.

~~16-15.~~ The Board delegates to the Executive Director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being convened.

~~17-16.~~ The Board delegates to the Executive Director the convening of a quorum of the Board by telephone conference call, for the purpose of considering the summary suspension of a license or for the purpose of considering settlement proposals.

~~18-17.~~ The Board delegates to the Chairperson, the authority to represent the Board in instances where Board "consultation" or "review" may be requested where a vote of the Board is not required and a meeting is not feasible.

~~19-18.~~ The Board delegates authority to the Executive Director to issue an Advisory Letter to the person who is the subject of a complaint pursuant to Virginia Code § 54.1-2400.2(F), when it is determined that a probable cause review indicates a disciplinary proceeding will not be instituted.

~~20-19.~~ The Board delegates authority to the Executive Director to delegate tasks to the Deputy Executive Director, as necessary.

ARTICLE V: AMENDMENTS

Proposed amendments to these bylaws shall be presented in writing to all Board members, the Executive Director of the Board, and the Board's legal counsel prior to any scheduled Board meeting. Amendments to the bylaws shall become effective with a favorable vote of at least two-thirds of the members present at that regular meeting.

Adopted: June 3, 2005

Revised: November 5, 2013; January 27, 2017; November 3, 2017; May 18, 2018